

945000070226
TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JAN 13 1995
AM 9:36

SUBJECT: ETW HOME HEALTH CARE, INC
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: EDWARD WALKOWIAK
Name (printed or typed)

2660 NW 105TH AVE
Address

SUNRISE FL 33322
City, State & Zip

(305) 741-1957
Daytime Telephone number

4/13/95
15

000001581040
-09/11/95--01014--006
*****78.75 *****78.75

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

25 SEP - 8 PM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

EJW HOME HEALTH CARE, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2660 NW 105TH LANE
SUNRISE, FLORIDA 33322

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS




The name and address of the initial registered agent is:

JOSEPH WALKOWIAK
2660 NW 105TH LANE
SUNRISE, FL 33322

See instructions for officers/directors

EDWARD WALKOWIAK 2660 NW 105TH LANE, SUNRISE, FL
JOSEPH WALKOWIAK 2660 NW 105TH LANE, SUNRISE, FL

1st day of SEPTEMBER, 1990


 Signature

 Signature

 Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

ESW HOME HEALTH CARE, INC.

2. The name and address of the registered agent and office is:

JOSEPH WALKOWIAK
(NAME)

2660 NW 105TH LANE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

SUNRISE, FL 33322
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Joseph Walkowiak

(SIGNATURE)

9/1/95

(DATE)