

TRANSMITTAL LETTER

P96000035304

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

FILED  
APR 18 1995  
TALLAHASSEE, FLORIDA

SUBJECT: Abe's 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    ☐ \$78.75    ☒ \$122.50    ☐ \$131.25

FROM: Sonia Pennerman  
Name (printed or typed)  
9655 S Dixie Highway  
Address  
Miami, FL 33156-2813  
City, State & Zip  
305-669-2636  
Daytime Telephone number

FILED  
95 APR 18 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dmc  
4/23/95

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

**ARTICLES OF INCORPORATION**

**OF**

Abe's Home Health Care, Inc

**FILED**

96 APR 18 PM 2:48

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.

**ARTICLE I NAME**

The name of the corporation shall be:

Abe's Home Health Care, Inc

**ARTICLE II PRINCIPAL OFFICE**

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

9655 S Dixie Highway, Suite 212  
Miami, FL 33156-2813

**ARTICLE III CAPITAL STOCK**

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

One Thousand of Common Stock with par value of \$1.00 per share (\$1000)

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Don Harrison  
9600 Cutler Ridge Drive  
Miami, FL 33157

**ARTICLE V INCORPORATOR(S)**

**The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):**

Sonia Pennorman  
6333 NW 180th Ter  
Miami Lakes, FL 33015

President

Andrew Pennerman  
6333 NW 180th Ter  
Miami, Lakes, FL 33015

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

28 day of March, 1996

Alamerna  
Signature

Signature

Signature \_\_\_\_\_

**Articles of Incorporation**  
**Filing Fee - \$35**

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

FILED  
96 APR 18 PM 2:48

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: Abe's Home Health Care, Inc

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

Don Harrison

(Name)

9600 Cutler Ridge Drive

(P.O. Box ~~not~~ acceptable)

Miami, FL 33157

(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.*



(Signature)