

P96000045407

TRANSMITTAL LETTER

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

8000001820648
-05/14/96--D1090--010
*****78.75 *****78.75

SUBJECT: Personi Care Health Services, 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: Lurline Khatib
Name (printed or typed)

10162 NW 23rd Street

Address

Coral Springs, FL 33065
City, State & Zip

Beeper 954 8783237
Daytime Telephone number

FILED
96 MAY 29 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

GB 5/29/96



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
96 MAY 29 PM 1:17
SANDRA B. MORTHAM
TALLAHASSEE, FLORIDA

May 20, 1996

LURLINE KHATIB
10162 NW 23RD ST
CORAL SPRINGS, FL 33065

SUBJECT: PERSONI CARE HEALTH SERVICES, INC.
Ref. Number: W96000010591

We have received your document for PERSONI CARE HEALTH SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6931.

Garrett Blanton
Document Specialist

Letter Number: 696A00024847

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.

ARTICLE I NAME

The name of the corporation shall be:

Personi Care Health Services Inc.

ARTICLE II PRINCIPAL OFFICE

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

1499 W. Palmetto Park Road Suite 157
Boca Raton, Fl. 33486

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lurline Khatib

1499 W. Palmetto Park Road Suite 157

Boca Raton, Fl. 33486

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FLORIDA SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Lurline Khatib
10162 NW. 23RD Street
Coral Springs, Fl. 33065

Paula Matayer
5950 NW 72nd Ct.
Parkland, Fl. 33067

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

9th day of May, 19 96.

(An additional article must be added if an effective date is requested.)

Lurline Khatib RN
Signature

Paula Matayer RN
Signature

Signature

Notarization is not required

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: Personi Care Health Services Inc.

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

Lurline Khatib
(NAME)

1499 W. Palmetto Park Road.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Boca Raton Fl. 33486
(CITY/STATE/ZIP)

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TALLAHASSEE FLORIDA

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.

Lurline Khatib

(SIGNATURE)

5/9/94

(DATE)