

FD96000070809

Brinda K. Mallard

Requestor's Name

3603 Lake Lane Ave.

Address

Orlando FL 32808

City/State/Zip

Phone #

700001931847
-08/26/96--01018--001
****122.50 ****122.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Mallard Health Care of Orlando H.Care.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time _____

☒ Certified Copy

☐ Mail out

☒ Will wait

☐ Photocopy

☐ Certificate of Status

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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BROWN AUG 26 1996

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**ARTICLES OF INCORPORATION
OF
MALLARD HEALTH CARE OF ORLANDO INC.**

ARTICLE ONE

THE NAME OF THE CORPORATION IS MALLARD HEALTH CARE OF ORLANDO INC.

ARTICLE TWO

**THIS CORPORATION IS TO PROVIDE HOME HEALTH CARE SERVICES , WHEREAS ,
, WE WILL OPERATE THE BUSINESS AS A HOME HEALTH CARE PROVIDER SEVEN
DAYS PER WEEK . IF GRANTED CORPORATE STATUS THE BUSINESS WILL PROVIDE
ANY OTHER SIMILAR BUSINESSES AS PROVIDED BY STATURE. THE CORPORATION
WILL ALSO PROVIDE OTHER BUSINESS VENTURES AS THE BUSINESS MAY SEE FIT
FROM TIME TO TIME.**

ARTICLE THREE

THE PERIOD OF DURATION IS - PERPETUALITY.

ARTICLE FOUR

**THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION SHALL HAVE THE
AUTHORITY TO ISSUE ARE 2000 AT A PAR VALUE OF ONE DOLLAR EACH.**

ARTICLE FIVE

**THE CORPORATION WILL NOT COMMENCE ITS BUSINESS UNTIL IT HAS RECEIVED
FOR THE ISSUANCE OF SHARES CONSIDERATION OF THE VALUE TWO THOUSAND
DOLLARS.**

ARTICLE SIX

THE STREET ADDRESS OF ITS INITIAL REGISTERED OFFICE IS
ORLANDO FL. THE NAME OF THE INITIAL REGISTERED 'AGENT' IS
WHOSE ADDRESS IS 3603 LAKE LAWNE AVE. ORLANDO FL. 32808. THE PRINCIPAL PLACE
OF BUSINESS IS THE SAME AS THE REGISTERED OFFICE.

ARTICLE SEVEN

THE NUMBER OF DIRECTORS WHICH WILL CONSTITUTE THE BOARD OF DIRECTORS
IS ONE. THE NAMES AND ADDRESSES OF THE PERSONS WHO WILL SERVE AS
DIRECTORS ARE AS FOLLOWS ;

NAMES

BRENDA K. MALLARD

ADDRESSES

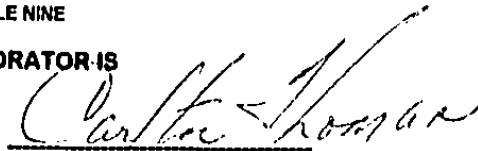
3603 LAKE LAWNE AVE.
ORLANDO FL. 32808

ARTICLE EIGHT

THE BOARD OF DIRECTORS SHALL HAVE THE POWER TO SET AND DEVELOP ITS BY-
LAWS WITHOUT RESTRICTION OF THEIR POWERS CONFERRED BY STATUS.

ARTICLE NINE

THE NAME AND ADDRESS OF THE INCORPORATOR IS
CARLTON THOMAS
304 SO. O.B.T.
ORLANDO FL. 32805

A handwritten signature in cursive script, appearing to read 'Carlton Thomas', is written over a horizontal line.

THE DUTIES AND POWERS OF THE INCORPORATOR SHALL CEASE ONCE THE
BUSINESS IS GRANTED CORPORATE STATUS.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA
STATUTES, THE UNDERSIGNED CORPORATION, ORGANISED UNDER THE LAWS OF
THE STATE OF FLORIDA SUBMITS THE FOLLOWING STATEMENTS IN DESIGNATING
THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

MALLARD HEALTH CARE OF ORLANDO FL.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:
(NAME)

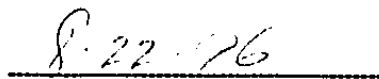
BRENDA MALLARD
(P.O. BOX NOT ACCEPTABLE)

(CITY/STATE/ZIP)
3603 LAKE LAWNE AVE

ORLANDO FLORIDA 32808

HAVING BEEN NAMED AS REGISTERED AGENT 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 SATUTES 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)


(DATE)