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TRANSMITTAL LETTER

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

100001939101
-09/04/96--01173--016
****131.25 ****131.25

SUBJECT: PONJUAN HOME 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: Nayrah Sanchez
Name (printed or typed)
440 East 23rd. Street #1315
Address
Hialeah, Fl. 33013
City, State & Zip
(305) 836-3996
Daytime Telephone number

FILED
55 SEP -4 2011:38
TALLAHASSEE
FLORIDA

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

9.9.96
KR

ARTICLES OF INCORPORATION
OF
PONJUAN HOME CARE, INC.

ARTICLE I - NAME

The name of this corporation is PONJUAN HOME CARE, INC.

ARTICLE II - DURATION

This corporation shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

ARTICLE III - PURPOSE

This corporation organized for the purpose of transacting any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes, as now exists or may after be amended.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 100 shares of no par value common stock which shall be designated as "Common Shares."

ARTICLE V - PRE - EMOTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation, shall have the right to purchase his or her pro-rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to other or book value (whichever is lesser amount).

ARTICLE VI - REGISTERED OFFICE AND REGISTERED AGENT

The street address of the registered office and the mailing address of this corporation is 440 East 23rd Street, #1315, Hialeah, Fl. 33013 and the name of the initial registered agent of this corporation at that address is Mayrah Sanchez.

ARTICLE VII - BOARD OF DIRECTORS

This corporation shall have one Director constituting the initial Board of Directors. The number of directors may be either increased or decreased from time to time by the bylaws; however, there shall never be less than one Director nor more than five. The name and address of the initial Board of Directors of the corporation is:

Mayrah Sanchez
440 East 23rd. Street #1315
Hialeah, Fl. 33013

ARTICLE VIII - INCORPORATOR

The name and address of the incorporator signing these articles is: Mayrah Sanchez, 440 East 23rd. Street #1315, Hialeah, Florida. 33013

ARTICLE IX - INDEMNIFICATION

The corporation shall indemnify any Officer or Director or any former officer or director, to the full extent permitted by law.

ARTICLE X - AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, by a majority vote of the Board of Directors, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned incorporator had executed these Articles of Incorporation on the 28 day of August, 1996.

Mayrah Sanchez

Mayrah Sanchez
Incorporator.

STATE OF FLORIDA)
)ss
COUNTY OF DADE)

BEFORE ME, a Notary Public authorized to take acknowledgment in state and county set forth above, personally appeared Mayrah Sanchez, known to be and known by me to be the person who executed the foregoing Articles of Incorporation, and she acknowledged before me that she executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 28 day of August, 1996

Mayra Quevedo
NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

My commission expires:

MAYRA QUEVEDO
Notary Public, State of Florida
My Comm. expires Apr 4, 1998
No. CC351291

**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: PONJUAN HOME CARE, INC.
2. The name and address of the registered agent and office is:

Mayrah Sanchez
(NAME)

440 East 23rd Street #1315
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Hialeah, Fl. 33013
(CITY/STATE/ZIP)

FILED
SEP 11 1996
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.


(SIGNATURE)

8-28-96.
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314