

P97000048204

TRANSMITTAL LETTER

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

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

500002195195--4
-05/29/97--01103--003
*****78.75 *****78.75

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

FROM: Marla Celia Acosta
Name (printed or typed)
13244 NW 11 St
Address
Miami FL 33182
City, State & Zip
305 228 4856
Daytime Telephone number
MAY 30 BSB

FILED
97 MAY 29 AM 10:35
TALLAHASSEE, FLORIDA
STATE

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

ARTICLES OF INCORPORATION

FILED

97 MAY 29 AM 10:35

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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:

LEOMARY HOME HEALTH CARE INC

ARTICLE II PRINCIPAL OFFICE

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

13244 NW 11 St
Miami Fl. 33182

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:

Maria Celia Acosta
13244 NW 11 St
Miami Fl. 33182

11

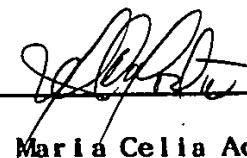
ARTICLE V INCORPORATOR(S)

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

Maria Celia Acosta
13244 NW 11 St
Miami Fl. 33182

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

22nd day of May, 1997.



Signature
Maria Celia Acosta

Signature

Signature

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

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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: LEOMARY HOME HEALTH CARE INC.


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

Maria Celia Acosta
13244 NW 11 St
Miami FL 33182
(Name)

13244 NW 11 St
(P.O. Box not acceptable)

Miami FL 33182
(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)

TALLAHASSEE, FLORIDA
91 MAY 29 AM 10:35