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OFFICE USE ONLY (Document #)

LORETTO HOME CARE  
% MARGARITA RAMONA PENEQUE  
10029 S.W. 5TH STREET  
MIAMI, FL 33174

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OFFICE USE ONLY

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

- 1. *Loretto Home Care*  
(Corporation Name) (Document #)
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

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97 MAY 30 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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 FILNGS	
<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

*1977-26543*  
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*(614)*

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Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

May 16, 1997

LORETTO HOME CARE  
% MARGARITA RAMONA PENEQUE  
10029 S.W. 5TH STREET  
MIAMI, FL 33174

SUBJECT: LORETTO HOME CARE INC.  
Ref. Number: W97000011505

We have received your document for LORETTO HOME CARE INC. and check(s) totaling \$122.50. However, your check(s) and document are being returned for the following:

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 797A00026543

## 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.*

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TALLAHASSEE FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

**Loretto Home Care Inc.**

### ARTICLE II PRINCIPAL OFFICE

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

**10029 S.W. 5th Street  
Miami, FL 33174**

### ARTICLE III SHARES

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

**The aggregate number of shares which this Corporation shall have the authority to issue is One-Thousand (1,000) Shares of Common Stock, No-Par Value. Each Share shall have equal rights with each other Share in respect to dividends, voting and in liquidation.**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Barbara M. Sanabria  
7150 Coolidge Street  
Hollywood, Florida 33024**

**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):

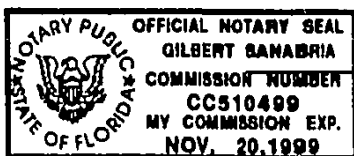
**Margarita Ramona Peneque, President  
10029 S.W. 5th Street  
Miami, Florida 33174**

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

15th day of October, 19 96.

*M. Peneque*  
Signature

*Barbara M. Sanabria*  
Signature



*Gilbert Sanabria*  
Signature

**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: Loretto Home Care Inc.
2. The name and address of the registered agent and office is:

Barbara M. Sanabria  
(NAME)

7150 Coolidge Street  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Hollywood, Florida 33024  
(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.*

*W. Panque* Barbara M. Sanabria Oct. 15 1998  
(SIGNATURE) (DATE)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
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