

P97000063841

Classic Group Corp.
PO BOX 352484
Miami, Florida 33135

City/State/Zip

Phone #

Office Use Only

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

1. Classic Home Health Care, Inc.
(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

NEW FILINGS	
<input checked="" 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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***122.50 ***122.50

JUL 23. BSB

ARTICLES OF INCORPORATION

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of FLORIDA, adopt the following articles of incorporation:

FIRST

The name of the corporation is:

CLASSIC HOME HEALTH CARE INC.

SECOND

The period of its duration is:

PERPETUAL

THIRD

The purpose of the corporation is:

HOME HEALTH CARE

FOURTH

The aggregate number of authorized shares is: 1000

FIFTH

The corporation will not commence business until at least \$5.00 dollars have been received by it as consideration for the issuance of shares.

SIXTH

Cumulative voting of shares of stock is authorized.

SEVENTH

Provisions limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are:

EIGHTH

Provisions for regulating the internal affairs of the corporation are: N/A

NINTH

The address of the initial registered office of the corporation is: 1770 West Flagler Street

FILED
97 JUL 22 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Miami, Florida 33135 and the name of its initial registered agent at such address is:
Julia Z. Gonzalez

TENTH

Address of the principal place of business is:
1770 West Flagler Street Miami, Florida 33135

ELEVENTH

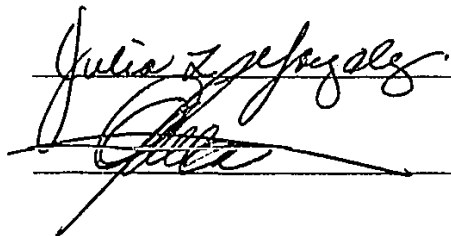
The number of directors constituting the initial board of directors of the corporation is 2, and the names and address of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and shall qualify are:

Name	Address
<u>Julia Z. Gonzalez</u>	<u>1545 NW 2nd Street Miami Florida 33125</u>
<u>Almy Alonso</u>	<u>1545 NW 2nd Street Miami Florida 33125</u>

TWELFTH

The name and address of each incorporator is:

Name	Address
<u>Julia Z. Gonzalez</u>	<u>1545 NW 2nd Street Miami Florida 33125</u>
<u>Almy Alonso</u>	<u>1545 NW 2nd Street Miami Florida 33125</u>

A handwritten signature in cursive script, appearing to read 'Julia Z. Gonzalez', is written over a horizontal line. Below this line, there is another horizontal line with some additional scribbles underneath it.

Date: July 16, 1997

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: CLASSIC HOME HEALTH CARE INC.

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

ALMY ALONSO
(NAME)

1770 West Flagler St #3
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33135
(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 

DATE 7-16-97