

P97000102689

November 4, 1997

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

000002345250--1  
-11/12/97--01106--007  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

**SUBJECT: Saint Mary's Home Care Corp.**

Gentlemen:

Enclosed is an original and one (1) copy of the articles of incorporation and check number 237 in the amount of \$70.00 representing payment of the filing fee.

FROM: Juana M. Villamil  
865 West 41<sup>st</sup> Street  
Hialeah, Florida 33012  
(305) 828-7112

Sincerely,



Juana M. Villamil  
865 West 41<sup>st</sup> Street  
Hialeah, Florida 33012  
(305) 828-7112

~~W97 25805~~

FILED  
97 DEC -3 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dmc 11/14/97

~~691~~



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

November 14, 1997

JUANA M. VILLAMIL  
865 WEST 41ST STREET  
HIALEAH, FL 33012

SUBJECT: SAINT MARY'S HOME CARE CORP.  
Ref. Number: W97000025805

We have received your document for SAINT MARY'S HOME CARE CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6923.

Doris McDuffie  
Corporate Specialist Supervisor

Letter Number: 197A00054840

# ARTICLES OF INCORPORATION

**FILED**

97 DEC -3 PM 12:39

SECRETARY OF STATE  
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:

**Saint Mary's Home Care Corp.**

## ARTICLE II PRINCIPAL OFFICE

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

**14040 Southwest 30<sup>th</sup> Street  
Miami, Florida 33175**

## ARTICLE III SHARES

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

**10**

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Maria Elena Fernandez  
14040 Southwest 30<sup>th</sup> Street  
Miami, Florida 33175**


**ARTICLE V INCORPORATORS(S)**  
**See instructions for officers/directors**

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

Maria Elena Fernandez, President  
14040 Southwest 30<sup>th</sup> Street  
Miami, Florida 33175

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 4<sup>th</sup> day of November 1997.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an office title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

**FILED**

97 DEC -3 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

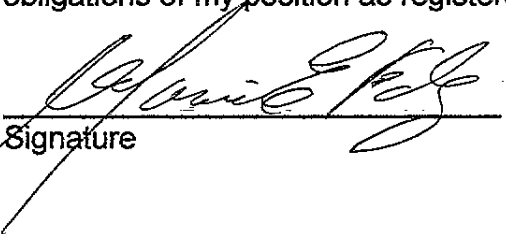
PURSUANT TO THE PROVISIONS OF SECTION 607-0501, FLORIDA  
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE  
LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING  
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED  
AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is: **SAINT MARY'S HOME CARE CORP.**

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

Maria Elena Fernandez  
14040 Southwest 30<sup>th</sup> Street  
Miami, Florida 33175

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

NOV 4 1997  
(Date)

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