

P97000106916

TRANSMITTAL LETTER

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

100002377401--0
-12/19/97-01024-013
****131.25 ****131.25

SUBJECT: Kidz Kare Home Health Incorporated
(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: Rosa M. Gomez
Name (Printed or typed)

2960 sw 35 Avenue
Address

Miami, FL 33133
City, State & Zip

(305) 442-0125
Daytime Telephone number

97 DEC 19 AM 9:08
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

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

mm
12-22-97

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Kidz Kare Home Health Incorporated

ARTICLE II PRINCIPAL OFFICE

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

2960 SW 35 Avenue, Miami, FL 33133

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 Florida street address of the initial registered agent are:

Rosa M. Gomez
2960 SW 35 Avenue, Miami, FL 33133

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Rosa M. Gomez
2960 SW 35 Avenue, Miami, FL 33133


Signature/Incorporator

December 4th, 1997

Date

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

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/Registered Agent

December 4th, 1997

Date

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