

P98000019970

TRANSMITTAL LETTER

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

Subject: A.R.M.S. Home Health Inc

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

600002444126--7  
-03/02/98--01089--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**From:**

Virginia Reilly  
637 6th Way,  
West Palm Beach, FL 33407

Phone: 561-478-5271

FILED  
98 MAR -2 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

## Article I

The name of the corporation shall be:

A.R.M..S. Home Health Inc.

## Article II

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

637 6th Way,  
West Palm Beach, FL 33407

## Article III

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

500 common

## Article IV

The name and address of the initial registered agent is:

Virginia Reilly  
637 6th Way  
West Palm Beach, FL 33407

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**Article V**

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

Virginia Reilly  
637 6th Way  
West Palm Beach , FL 33407

The undersign incorporator(s) has (have) executed these Articles of Incorporation this 20th day of

FEBRUARY , 19 98 .

X Virginia A. Reilly  
Signature

**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: AR.M.S. HOME HEALTH Inc

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

VIRGINIA REILLY  
(Name)

637 6<sup>th</sup> Way  
(P.O. Box not acceptable)

WEST PALM BEACH FL 33407  
(City/State/Zip)

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*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.*

X Virginia Reilly  
(Signature)

X FEB. 20, 1998  
(Date)