

TRANSMITTAL LETTER

P98000106949

FILED

98 DEC 28 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MY HOME HEALTH INC.

SUBJECT:

(Proposed corporate name - must include suffix)

300002723028--1
-12/28/98--01054--001
*****80.00 *****80.00

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 of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

CLAUDAMISE LEVELLE

Name (Printed or typed)

2530 N.W. 165 ST.

Address

N. MIAMI, FL 33056

City, State & Zip

305 625 3607

Daytime Telephone number

700002723117--7
-12/28/98--01066--001
*****129.00 *****79.00

(2)

WTH WAIT

P. Hall DEC 28 1998

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

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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

MY HOME HEALTH INC.

ARTICLE II PRINCIPAL OFFICE

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

2530 N. W. 165 St., N. MIAMI

FL. 33056

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

CLAUDAMISE LEVELLE

2530 N.W. 165 ST.

N. MIAMI, FL. 33056

ARTICLE V INCORPORATOR

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

Claudamise Levelle

2530 N. W. 165 ST.

N. MIAMI, FL. 33056

Claudamise Levelle
Signature/Incorporator

12 / 28 / 98
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

Claudamise Levelle
Signature/Registered Agent

12 / 28 / 98
Date