

P24000048863

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(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

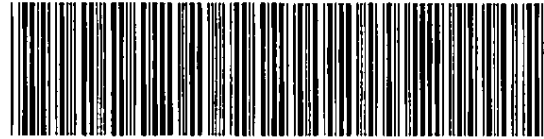
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FLORIDA FILING & SEARCH SERVICES, INC.

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DATE: 07/25/2024

NAME: HOMELAND HEALTH SOLUTIONS MC INC

TYPE OF FILING: ARTICLES

COST: 70.00

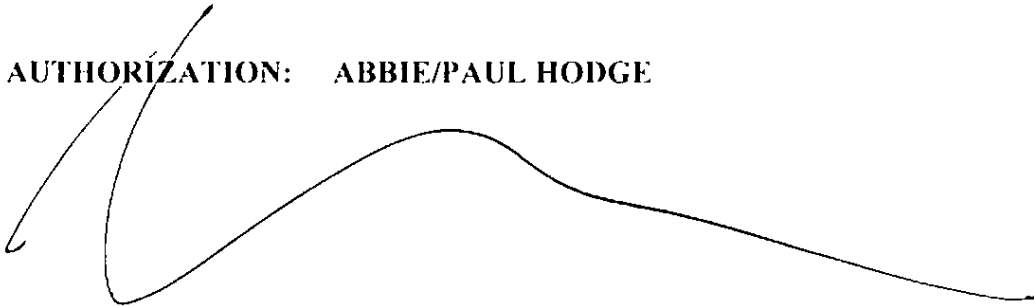
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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

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

SUBJECT: _____
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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.

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FL

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FROM: Amber Jimenez
Name (Printed or typed)

15600 SW 288 St
Address

Miami, FL 33033 Suit 108
City, State & Zip

786-272-2377
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: HOMELAND HEALTH SOLUTIONS MC INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15600 SW 288 St
Miami, FL 33030 SUIT 108

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 10000

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CLERK OF STATE
TALLAHASSEE FL

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Amber Jimenez, President Name and Title: _____

Address 15600 SW 288 St Address: _____
Miami, FL 33030 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Joseph Jimenez

Address: 15600 SW 288 St

Miami, FL 33030 SUIT 108

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Amber Jimenez

Address: 15600 SW 288 St

Miami FL 33033

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 DEPARTMENT OF STATE
 TALLAHASSEE, FL

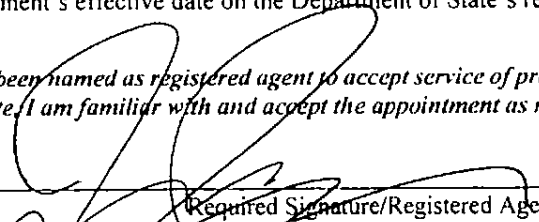
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7/22/2024 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

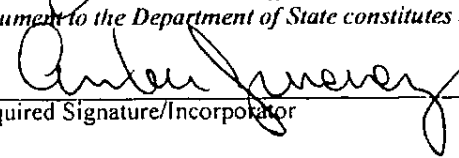


 Required Signature/Registered Agent

7/22/2024

 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



 Required Signature/Incorporator

7/29/2024

 Date