

(((H25000008004 3)))



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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION CAREWELL HOME HEALTH INC

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COVER LETTER

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

SUBJECT:CAF	REWELL HOME HEALTH INC			
50bate1	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:	
Ø \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 ☐ \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status		
	ADDITIONAL COPY REQUIRED			
FROM:		e (Printed or typed)	PII 4: 26	
	2833 SW 132 PLACE		<u>.</u>	
Address				
	MIAMI, FL 33175			
City, State & Zip				
	305-229-8256			
_	Daytime T	elephone number		
ELITEHYDRATIONSPA24@GMAIL.COM				
	E-mail address: (to be use	d for future annual report n	otification)	

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)

The name of the corporat	ion shall be: CAREWELL HO	ME HEALTH	HINC			_
ARTICLE II PRINCIPAL OFFICE 2833 SW 132 PLACE Principal street address			_	address, if differ		
MIAMI, FL 33175						
ARTICLE III PURPOSE The purpose for which the corporation is organized is:		ANY AND ALL LEGAL BUSINESS				
					· · · · · · · · · · · · · · · · · · ·	
ARTICLE IV SHARE The number of shares of s	stock is: L OFFICERS AND/OR DIRECTOR	_			2015 332 -	,
Name and Title:	YORDAN R FANDO, CEO 9455 W FLAGLER ST. APT C	Name 205 Addre			7 PH	; t <u>f</u>
	MIAMI. FL 33174			<u> </u>	‡: 25	उभक्त
Name and Title:	LUIS E YANE, COO	Name	and Title:			
Address	2833 SW 132ND PLACE	Addre				
	MIAMI, FL 33175	_		<u> </u>		
Name and Title:		Name	and Title:			
Address		Addre	ess:			····
			·····			

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Name an	d Title:	Name and Title:	
Address	1 2	Address:	
	REGISTERED AGENT		
The name and Fl	orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	YORDAN R FANDO	<u> </u>	
Address:	9455 W FLAGLER ST. APT C205		
	MIAMI, FL 33174		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and ad	dress of the Incorporator is:		
Name:	YORDAN R FANDO		
Address:	9455 W FLAGLER ST, APT C205		ZE C JAN
	MIAMI. Ft. 33174	_	JA.1 – .
Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and can	. (OPTIONAL) not be more than five days pric	or or 90 days after the
Note: If the date	inserted in this block does not meet the applicab fective date on the Department of State's record) E 0
	ed as registered agent to accept service of process miliar with and accept the appointment as regist		
YORDA	AN R FANDO		01/07/2025
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein ar Department of State constitutes a third degree felo		
YORDAN F	RFANDO		01/07/2025
Required Signatur	e/Incorporator	Date	