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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

FLORIDA PROFIT/NON PROFIT CORPORATION ST JUDE HOME HEALTH CARE CORP

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:		
ST JUDE HOME HEALTH CARE CO MP		
ARTICLE II PRINCIPAL OFFICE:		-
The principal street address and mailing address is: 8972 sw 10 tERRACE		
MIANI, FL 33174		
ARTICLE III SHARES: The number of shares of stock is:	- ·	
	2025 J	د برء
	MH 21	4
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		; 5 E
The name and Florida street address (PO Box not acceptable) of the registered agent is: ELISA PEDRAJA	2: 00	*2e=
8972 SW 10 TERRACE		
MIAHI, FL 33174		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
8972 SW 10 TERRACE MAHI, FZ 33174		
MIAHI, FZ 33124		

Required Signatures:

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

Registered Agent I ate

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.

Cate

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