

P21000084077

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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
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Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

2021 SEP 27 AM 9:05

FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION
MDK HOME HEALTH INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

01/02/2024

ARTICLES OF INCORPORATION

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

2021 SEP 27 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I NAME: The name of the corporation is:

MDK Home Health, Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

1445 SW 127ct. Miami, FL 33184

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Maybel Benitez Delgado
(P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:


Maybel Benitez Delgado
1445 SW 127ct Miami FL 33184

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

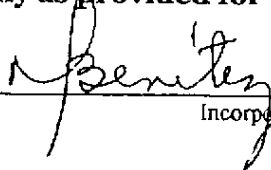
Maybel Benitez Delgado
1445 SW 127ct Miami FL 33184

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	_____ 9/27/21 Date
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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.

 _____ Incorporator	_____ 9/27/21 Date
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