

**P00000036972**

Florida Department of State  
Division of Corporations  
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Katherine Harris, Secretary of State

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To: Division of Corporations  
Fax Number : (850)922-4001

From: Account Name : MEDGUARD SERVICES INC.  
Account Number : I19990000019  
Phone : (305)389-2049  
Fax Number : (305)266-7979

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00 APR 12 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

**Merceditas Home Care Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

**ARTICLES OF INCORPORATION**

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*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.*

**ARTICLE I NAME**

The name of the corporation shall be:

Merceditas Home Care Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

2170 S.W. 20th Street  
Miami, Florida 33145

**ARTICLE III SHARES**

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

The number share which this corporation shall have the authority to issue is 100 shares of common stock NO par Value. Each share have equal rights to dividends voting and in liquidation.

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Silvia Bosque  
2170 S.W. 20 Street  
Miami, Florida 33145


**ARTICLE V INCORPORATOR**

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

Silvia Bosque  
2170 S.W.20 Street  
Miami, Florida 33145

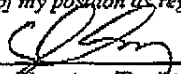
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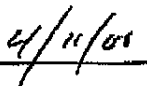
X   
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
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*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

Medguard Services, Inc.  
1571 S.W. 67th Avenue  
Miami, FL 33165

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