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PICK-UP WAIT MAIL

(Business Entity Name)

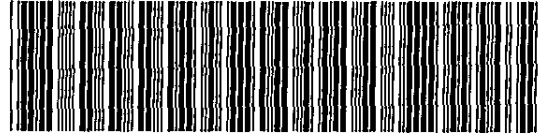
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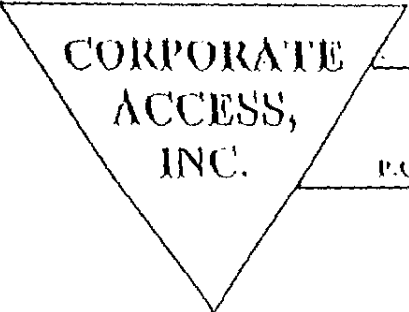
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STATE
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236 East 6th Avenue Tallahassee, Florida 32303

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FILING Arts

1.) Seraphim Care, Inc.
(CORPORATE NAME & DOCUMENT #)

2.)
(CORPORATE NAME & DOCUMENT #)

3.)
(CORPORATE NAME & DOCUMENT #)

4.)
(CORPORATE NAME & DOCUMENT #)

5.)
(CORPORATE NAME & DOCUMENT #)

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TALLAHASSEE FLORIDA

SPECIAL INSTRUCTIONS



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 13, 2004

CORPORATE ACCESS INC.
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303

SUBJECT: SERAPHIM CARE, INC.
Ref. Number: W04000037764

04 OCT 14 AM 10:50
DIVISION OF CORPORATIONS
2004 OCT 14 PM 1:48
TALLAHASSEE FLORIDA
STATE

We have received your document for SERAPHIM CARE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

An effective date may be added to the Articles of Incorporation if a 2005 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Document Specialist
New Filings Section

Letter Number: 304A00059104

*Corrected
Thanks
Glinda*

ARTICLES OF INCORPORATION

OF

SERAPHIM CARE, INC.

FILED
2004 OCT 14 PM 1:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I

CORPORATE NAME

The name of the corporation shall be: **SERAPHIM CARE, INC.**

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 14871 S.W. 158th Street, Miami, Florida 33187.

ARTICLE III

SHARES

The number of shares of stock that this corporation is authorized to have, outstanding at any one time are: 1000 shares with no par value.

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Juliette Payen, and the mailing address of its initial agent is: 14871 S.W. 158th Street, Miami, Florida 33187.

ARTICLE V

INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are): Barbara Pizzo, 701 Renner Road, Wilmington, Delaware 19810.

ARTICLE VI

DURATION

The duration of the corporation shall be perpetual.

ARTICLE VII

BOARD OF DIRECTORS

The number of directors constituting the initial board of directors of the corporation is one (1).

The name and address of the persons who is to serve as member of the initial board of directors the corporation is of as follows: Juliette Payen, 14871 S.W., Miami, Florida 33187.

The undersigned incorporator has executed these Articles of Incorporation sixth day of October 2004.



Barbara Pizzo, Incorporator
Corporate Consulting Ltd.

FILED

2004 OCT 14 PM 1:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the Corporation is: SERAPHIM CARE, INC.

- 2. The name and address of the registered agent and office is:

JULIETTE PAYEN
(Name)

14871 S.W. 158TH STREET
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

MIAMI, FLORIDA 33187
(City/State/Zip)

Having been named as registered agent 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.

Juliette M. Payen
(Print name)

10/01/2004
Date

[Handwritten Signature]
(Signature)