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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FILED
07 OCT -3 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

SARAH'S NURSING HOME, INC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S) , FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSSINESS CORPORATION ACT, HERE BY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I NAME.

THE NAME OF THE CORPORATION SHALL BE:

SARAH'S NURSING HOME, INC

ARTICLE II PRINCIPAL OFFICE.

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

11310 SW 145 AVENUE
MIAMI, FLORIDA, 33186

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

THIS CORPORATION IS AUTHORIZED TO ISSUE 100 SHARES OF $ 1.00 PER VALUE COMMON STOCK.

11310 SW 145 AVENUE
MIAMI, FLORIDA, 33186

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRES

THE NAME AND ADDRESS OF THE OF THE INITIAL REGISTERED AGENT IS:

SARAH MARIA FLORES
11310 SW 145 AVENUE
MIAMI, FLORIDA, 33186

ARTICLE V INCORPORATOR (S)

THE NAME (S) AND STREET ADDRESS (S) OF THE INCORPORATOR (S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

SARAH MARIA FLORES
4202 SW 138 PLACE
MIAMI, FLORIDA, 33175

THE NAME AND STREET ADDRESS (E) OF THE DIRECTOR (S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

SARAH MARIA FLORES
4202 SW 138 PLACE
MIAMI, FLORIDA, 33175

THE UNDERSIGNED INCORPORATOR SO HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS **02 DAYS OF OCTOBER 2007**

SIGNATURE

ARTICLES OF INCORPOTATION
FILING FEE- $ 35.00

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERES OFFICE.

..PURSUANT TO THE PROVISIONS OF SECTIONS 60 OR, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERE OFFICE / REGISTERED AGENT, IN THE STATE OF FLORIDA.

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. THE NAME OF THE CORPORATION IS:

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

SARAR'S NURSING HOME, INC

(NAME)

11310 SW 145 AVENUE
MIAMI, FLORIDA, 33186

(ADDRESS)

(P.O BOX NOT ACCEPTABLE)

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. IFURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELAYING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEP THE OBLIGATIONS OF MY POSITION AS REGISTERES AGENT.

SIGNATURE

DATE

REGISTERED ACENT FILIG FEE : $ 35.00