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

From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : 120010000247
Phone : (800) 494-3124
Fax Number : (561) 455-9885

FLORIDA PROFIT/NON PROFIT CORPORATION

Perception Care Services Corp.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE I NAME

The name of the corporation shall be:
Perception Care Services Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
427 Golden Elm Dr.
Seffner, Florida 33584

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:
1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR, PRESIDENT, VICE-PRES, SECRETARY, TREASURER:

Miriam H Fuentes
427 Golden Elm Dr.
Seffner, Florida 33584

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Miriam H Fuentes
427 Golden Elm Dr.
Seffner, Florida 33584


ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

Miriam H Fuentes
427 Golden Elm Dr.
Seffner, Florida 33584

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.


Miriam H Fuentes / Registered Agent


Date


Miriam H Fuentes / Incorporator


Date

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TALLAHASSEE, FLORIDA

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