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

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

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DIVISION OF CORPORATIONS
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Agency For The Cared Ones Nursing And Rehabilitation

Certificate of Status	0
Certified Copy	0
Page Count	2
Estimated Charge	$70.00

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PS 6/11/12

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: AGENCY FOR THE CARED ONES NURSING AND REHABILITATION, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
881 WASHINGTON AVE
SUITE 1K
BROOKLYN, NY 11225

Mailing address, if different is:
881 WASHINGTON AVE
SUITE 1K
BROOKLYN, NY 11225

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
HEALTH CARE SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1000 NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TARA HENRY (PRESIDENT)
Address: 730 EAST MELROSE CIRCLE
FORT LAUDERDALE, FL 33312

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: TARA HENRY
Address: 730 EAST MELROSE CIRCLE
FORT LAUDERDALE, FL 33312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TARA HENRY
Address: 730 EAST MELROSE CIRCLE
FORT LAUDERDALE, FL 33312

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

X Tara Henry
Required Signature/Registered Agent

JUNE 5, 2012
Date

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.

X Tara Henry
Required Signature/Incorporator

JUNE 5, 2012
Date