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FLORIDA PROFIT/NON PROFIT CORPORATION  
ADVANTAGE LIFE CARE, INC.

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September 8, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CLARA GIRALDO

SUBJECT: A SAFE CARE, INC.  
REF: W16000061516

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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P14000071937-SAFE CARE, INC.,

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: H16000219019  
Letter Number: S16A00018956

ARTICLES OF INCORPORATION  
OF  
ADVANTAGE LIFE CARE, INC.

16 SEP 12 AM 10:54  
STATE OF FLORIDA  
DEPARTMENT OF STATE

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

**ADVANTAGE LIFE CARE, INC.**

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be Transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:  
To have perpetual succession by its corporate

**ADVANTAGE LIFE CARE, INC.**

**CLARA GIRALDO P.A.**  
**4080 SW 84 AVENUE SUITE C**  
**MIAMI, FL 33155**  
**PH.: (305) 485-9300**

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**CELIA VANESSA REYES RIOS  
.9908 SWEEPSTAKES LANE # 06  
ORLANDO, FL 32837**

The principal office shall be:

**9908 SWEEPSTAKES LANE # 06  
ORLANDO, FL 32837**

ARTICLE VI

The initial Board of Directors shall consist of a total of ONE (1) person, and the name and address of the person who is to serve as an initial director is:

**CELIA VANESSA REYES RIOS    PRESIDENT  
9908 SWEEPSTAKES LANE # 06  
ORLANDO, FL 32837**

The name and address of the incorporator executing these Articles of Incorporation

**CELIA VANESSA REYES RIOS  
9908 SWEEPSTAKES LANE # 06  
ORLANDO, FL 32837**

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this September 12, 2016

  
\_\_\_\_\_  
**CELIA VANESSA REYES RIOS**

**CLARA GIRALDO P.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300**

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

Pursuant to the provision of sections 607.0501 or 617.0501, 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:

**ADVANTAGE LIFE CARE, INC.**

2. The Name and Address of the registered agent and office is:

**CELIA VANESSA REYES RIOS  
9908 SWEEPSTAKES LANE # 06  
ORLANDO, FL 32837**

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

  
\_\_\_\_\_  
Date September 12, 2016

**CLARA GIRALDO P.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300**