

TRANSMITTAL LETTER
P01000100153

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: VICKA Health Care Services Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

500004637125--3
-10/15/01--01081--015
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Jermaine Vickers
Name (Printed or typed)

8685 Binghamton Ave.
Address

Baynton Beach FL 33436
City, State & Zip

(561) 818-1805
Daytime Telephone number

FILED
01 OCT 15 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

PS 10/16/01-

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: VICKA Health Care Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is: 8685 Binghamton Ave.
Boynton Beach FL 33436.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Prof It

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s): N/A

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: Jermaine Vickers
8685 Binghamton Ave.
Boynton Beach FL 33436.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Jermaine Vickers
8685 Binghamton Ave
Boynton Beach FL 33436

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

Signature/Registered Agent

Date

10/7/01

Signature/Incorporator

Date

10/7/01