

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : ARES & COMPANY, C.P.A., P.A.  
Account Number : 120000000268  
Phone : (305)229-8256  
Fax Number : (305)229-8252

**FLORIDA PROFIT CORPORATION OR P.A.**

**A.M.A. CARING PROFESSIONALS, INC.**

Certificate of Status	0
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ARTICLES OF INCORPORATION  
OF  
**A.M.A. CARING PROFESSIONALS, INC.**

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, 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:

**A.M.A. CARING PROFESSIONALS, 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 purpose proposed to be transacted and carried on by this corporation are to do any and all of the things, as fully and to the same extent as natural persons might do, viz:

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TALLAHASSEE, FLORIDA

Transact any and all lawful business.

- (1) Said corporation shall further have powers:  
To have perpetual succession by its corporate name,

A.M.A. CARING PROFESSIONALS, INC.

#### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of US\$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 name and street address of the initial Registered Agent of this corporation shall be:

Amaury Amarante  
10855 SW 72<sup>nd</sup> Street  
Bay 30  
Miami, FL 33173

The principal office and mailing address shall be:

10855 SW 72<sup>nd</sup> Street  
Bay 30  
Miami, FL 33173

ARTICLE VI

The initial Board of Directors shall be composed by Three (3) persons, whose name and address is:

Amaury Amarante  
10855 SW 72<sup>nd</sup> Street  
Bay 30  
Miami, FL 33173

DIRECTOR

Marisol Tejeda  
10855 SW 72<sup>nd</sup> Street  
Bay 30  
Miami, FL 33173

DIRECTOR

Amaury A. Amarante  
10855 SW 72<sup>nd</sup> Street  
Bay 30  
Miami, FL 33173

DIRECTOR

The Shareholder of the Corporation shall be:

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

Amaury Amarante  
10855 SW 72<sup>nd</sup> Street  
Bay 30  
Miami, FL 33173

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 12<sup>th</sup> day of January, 2005.

  
Amaury Amarante

**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 law 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:

**A.M.A. CARING PROFESSIONALS, INC.**

2. The name and address of the Registered Agent and office is:

Amaury Amarante  
10855 SW 72<sup>nd</sup> Street  
Bay 30  
Miami, FL 33173

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TALLAHASSEE

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: \_\_\_\_\_

Amaury Amarante

DATE: \_\_\_\_\_

01/12/05