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Account Name : EMPIRE CORPORATE KIT COMPANY

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FLORIDA NON-PROFIT CORPORATION

TOLY extended family care, inc.

Certificate of Status	0
Certified Copy	1
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FLORIDA DEPARTMENT OF STATE Glanda E. Hood Secretary of State

August 25, 2003

EMPIRE CORPORATE KIT COMPANY

TOLY

SUBJECT: EXTENDED FAMILY CARE, INC.

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ARTICLES OF INCORPORATION

03 AUG 27 AM 8: 25

OF

SECRETARY OF STATE TALLAHASSEE FLORIDA

TOLY CARE, INC.

The undersigned incorporator(s), for the purpose of forming a Not for Profit Corporation under Chapter 617 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be: TOLY CARE, INC.

ARTICLE II

The principal place of business and the mailing address of this corporation shall be: 14322 N.W. 14 COURT, PEMBROKE PINES, FL 33028.

ARTICLE III

NATURE OF BUSINESS: NOT-FOR-PROFIT, CHARITABLE SERVICES.

ARTICLE IV

The manner in which the directors are elected or appointed shall be stated in the bylaws.

ARTICLE V

The name and street address of the initial registered agent shall be: JUMEL PLUVIOSE, 14322 N.W. 14 COURT, PEMBROKE PINES, FL 33028.

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ARTICLE VI

The name and address of the directors shall be:

DIRECTOR

TERESA CABARGA

DIRECTOR

LUIS MEJIA

DIRECTOR

JHON MORANGIO

DIRECTOR

VERONICA McCROBEE

ADVISORY BOARD

SAMUEL DIAZ

ADVISORY BOARD

JOSEPHINE L. MORRIS

7701 S.W. 18 TERRACE

MIAMI, FL 33155

1635 W. 44 PLACE #312

HIALEAH, FL 33012

110 S.E. 6 STREET, SUITE 1960

FT. LAUDERDALE, FL 33301

421 S.E. 10 STREET, #201A DANIA, FL 33004

9401 BISCAYNE BLVD.

MIAMI SHORES, FL 33138

2860 N.W. 163 STREET

MIAMI, FL 33167

ARTICLE VII

The name and street address of the incorporator of these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC. 2444 N.W. 7TH PLACE MIAMI, FL 33127

The undersigned incorporator has executed these Articles of Incorporation this <u>26TH</u> Day of <u>AUGUST</u>, <u>2</u>003.

Ray Stormont Signing for Empire Corporate Kit of America, Inc.

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03 AUG 27 AM 8: 25

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

SECRETARY OF STATE TALLAHASSEE FLORIDA

TOLY CARE, INC. (Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

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