

Charter Number Only

32100
P00000022/46

VALUATION ONLY

Requestor's Name

Address

City

State

ZIP

Phone

CORPORATION(S) NAME

500003156345--0
-03/03/00-01021--025
*****78.75 *****78.75

Arias Nursing, Inc.

RECEIVED
00 MAR -3 AM 9:45
TALLAHASSEE, FLORIDA
STATE
DISPOSITIONS
CORPORATIONS



Empire Toll Free: 1-800-432-3028

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|--|--|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input checked="" type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

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00 MAR -3 AM 11:32
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

certified copy

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Verifier
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W.P. Verifier

ARTICLES OF INCORPORATION
OF
ARIAS NURSING, INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned incorporator, for the purpose of forming a corporation pursuant to the laws of the State of Florida, by and under the provisions of the statutes of the State of Florida providing for the formation, liability, rights and privileges and immunities of a corporation for profit provides:

ARTICLE I

Name of Corporation

The name of this corporation is:

ARIAS NURSING, INC.

ARTICLE II

Purpose

The purpose of this corporation is to engage in the business of home health care or to engage in any activity or business permitted under the laws of the United States and in the State of Florida.

ARTICLE III

Duration

This corporation shall have perpetual existence.

ARTICLE IV

Capital Stock

This corporation is authorized to issue One Hundred (100) shares, all of one class, at One (\$1.00) Dollar par value.

ARTICLE V

Place of Business

The initial principal office of this corporation in the State of Florida is 14257 Horseshoe Trace, Wellington, FL 33414. The Board of Directors may from time to time move the principal office to any other address in Florida and establish branch offices at other places within or without the State of Florida.

ARTICLE VI

Directors

The number of Directors of the Corporation from time to time shall be as set forth in the By-Laws. The number of directors constituting the initial Board of Directors of this Corporation is one (1). The name and address of each person to serve as a Director until the first annual meeting of the shareholders, or until their successors are elected and qualify are:

<u>NAME</u>	<u>ADDRESS</u>
Edna M. Arias	14257 Horseshoe Trace, Wellington, FL 33414

ARTICLE VII

Incorporator

The name and address of the incorporator is:

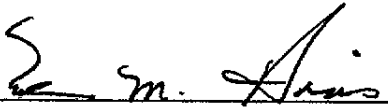
<u>NAME</u>	<u>ADDRESS</u>
Edna M. Arias	14257 Horseshoe Trace, Wellington, FL 33414

ARTICLE IX

Amendment

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment thereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned incorporator and Directors
have executed these Articles of Incorporation this 28th of
FEB. 2000.


Incorporator and Director

REGISTERED OFFICE AND AGENT

That ARIAS NURSING, INC. desiring to incorporate and organize under the laws of the State of Florida, has named Edna M. Arias now of 14257 Horseshoe Trace, Wellington, FL 33414 as its registered agent to accept service of process within the State of Florida.

Acknowledgement having been named to accept service of process for the above-named corporation, in the place designated in the certificate, I hereby accept to act in this capacity and to agree to comply with the provisions of the said Act relative to keeping said office.



Edna M. Arias

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