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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : VMR HEALTH CARE SERVICES, INC.

Account Number : I20000000024

Phone : (305) 674-9874

Fax Number : (305) 674-3472

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00 MAR 20 AM 10:18
SECRETARY OF STATE
ALACHUA COUNTY, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.**Aldy Keystone & Remodeling, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION OF

Aldy Keystone & Remodeling, Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation shall be: Aldy Keystone & Remodeling, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be

119 NW 19 Ave.
Miami FL 33125

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100 shares of common stock, \$1.00 per value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Erasmo Morejon
119 NW 19 Ave
Miami FL 33125

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TALLAHASSEE, FLORIDA

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ARTICLE V INCORPORATOR(S)

The name(s) and address(es) of the incorporator to these Articles of Incorporation are:

Erasmo Morejon
119 NW 19 Ave
Miami FL 33125

President

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this

16 day of March, 2000



Signature

Signature

Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.501 OR 617.0501, FLORIDA STATUTE, 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: Aldy Keystone & Remodeling, Inc.

2. The name and address of the registered agent and office is:

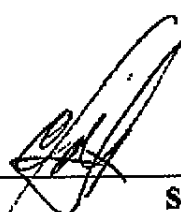
Erasmo Morejon
(Name)

119 NW 19 Ave
(P.O. Box not acceptable)

Miami FL 33125
(City/State/Zip)

Having been named as registered agent and to accept services 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.

16 day of March, 2000



Signature

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TALLAHASSEE, FLORIDA

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Signature