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TRANSMITTAL LETTER

FILED

00 MAR 27 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: HOME CARE AS YOU LIKE IT INC.

(Proposed corporate name - must include suffix)

600003186406--3

-03/28/00--01017--011

*****78.78 *****78.78

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: PAULINE MORRIS

Name (Printed or typed)

415 N W 210 STREET APT 206

Address

MIAMI FL 33169

City, State & Zip

(305) 651-9030

Daytime Telephone number

Enrol Tomi Sade

APPROVED FOR FILING TO

DATE 3/31/00

DATE

DOC. #

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

14-8481

ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

HOME CARE AS YOU LIKE IT INC.

ARTICLE II PRINCIPAL OFFICE

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

15920 N W 27 COURT MIAMI FL. 33054

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES @ \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

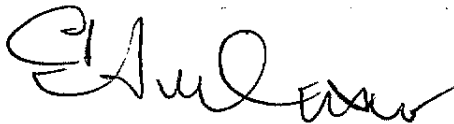
The name and Florida street address of the initial registered agent are:

ERROL TOMILSON
13655 N E 10 AVE APT 214
MIAMI FL. 33161

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

ERROL TOMILSON
13655 N E 10 AVE, APT 214
MIAMI FL. 33161



Signature/Incorporator

3-14-00

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

3-14-00

Date