PCOCCCO64742 TRANSMITTAL LETTER

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



00000773311350₀₁₃5 ******78.75 ******78.75

SUBJECT: Marjoraw Home	e Care, Inc
(Proposed	corporate name - must include suffix)
Enclosed is an original incorporation and a che	and one (1) copy of the articles of
Filing Fee Filing Fee & Certificate	\$ 122.50 \$131.25 Filing Fee Filing Fee, & Certificate Copy Certificate Copy & Certificate
	ADDITIONAL COPY REQUIRED
FROM:Marlen	Name (Printed or typed)
	4240 SW 153 rd Ave Address
	Miramar, Fl 33027 City, State and ZIP
The Informed Client by letter I added the address of the incorporation. Please pro	(954) 438-0573 Daytime Telephone number
The address of the address of the incorporator. NOTE: Please pro	vide the original and one copy of the articles



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.

ARTICLE I Name

The name of the entity to be incorporated shall be:

Marjoraw Home Care, Inc.

ARTICLE II Principal Office
The principal place of business and mailing address of this corporation shall be:

4240 SW 153th Ave Miramar, FL 33027

ARTICLE III Shares

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

100 Shares at \$ 5.00 each

ARTICLE IV Initial Registered Agent and Street Address
The name and Florida street address of the initial
registered agent are:

Marlene C. Pomare 4240 SW 156th Ave Miramar, FL 33027 ARTICLE V Incorporator(s)

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

Marlene C. Pomare 4240 SW 156th Ave Miramar, FL 33027

President

100 Shares

ARTICLE VI Effective Date

The effective date of starting business shall be:

July 20th, 2000

Signature/Incorporator

/Date

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

Date