RUS CORPORATE FILING SERVICE (Requestor's Name) 3320 S.W. 87 AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) 11/03/00--01020--008 *****78.75 *****78. TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Decument #) (Corporation Name) (Document #) Pick up time 2,00 Walk in Certified Copy Certificate of Status Will wait Photocopy Mail out AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION OTHER FILINGS

Annual Report **Fictitious Name** Name Reservation

QUALIFICATION **Foreign** Limited Partnership Reinstatement Trademark Other

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

Adult Day Care 2000 CORP.



ARTICLE II - PRINCIPAL OFFICE

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

9180 SW 75 ST MANI FL 33173

ARTICLE III -SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Arturo N. Ramos 9180 Sw 75 ST. MiAMi F1, 33173

<u> ARTICLE V – INCORPORATOR</u>

The name and stre	eet addres	s of the	incorporat	or to	these	Articles	of
Incorporation is:					•		
A 1	_						

ATTURO N. Ramos 9180 SW 75 ST. NUTRI FL 77173

The undersigned incorporator has executed these Articles of Incorporation this _____ day of _____ 200/_

Signature

ARTICLE VI- DIRECTOR(S)

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

- Arturo N. Ramos, (President). 9180 SW 75 ST MAMI FL, 37173

_ Sam (vellar. (SECRETARY) 6415 W 18 ave traleas F1 77012 00 NOV -3 AM 9: 59
SECRETARY OF STATE O

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature