

PB/0000010861

TRANSMITTAL LETTER

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

Department of State
Division of Corporations
409. E. Gaines St.
Tallahassee, FL 32399

000003589950--9

-01/29/01--01089--014

*****78.75 *****78.75

C & M HOME CARE SERVICES, INC.

Subject: _____
(proposed corporate name)

Enclosed please find an original and one copy of the articles
of incorporation for the above corporation and check in the
amount of \$ 78.75.

From:

----- Jose ESCAPIO -----
----- 10661 N. KENDALL DR #204 -----
----- MIAMI, FL 33176 -----
----- (305) 275-0055 -----

FILED
01 JAN 29 AM 9:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Done
1/30/01
42

ARTICLES OF INCORPORATION

OF

C & M HOME CARE SERVICES, INC.

FILED

01 JAN 29 AM 9:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I - NAME

The name of the corporation shall be:

C & M HOME CARE SERVICES, INC.

ARTICLE II - ADDRESS

The address of the principal office until further notice is
35303 SW 180th. Ave. #311, Florida City, FL 33034.

ARTICLE III - CAPITAL STOCK

The number of shares that this corporation is authorized
to have outstanding is one thousand (1,000) common shares
at one (\$1.00) dollar par value.

ARTICLE IV - INITIAL REGISTERED AGENT AND OFFICE

The initial registered agent of this corporation is: Rafael
M. Moya and the registered office is 35303 SW 180th. Ave.
#311, Florida City, FL 33034.

ARTICLE V - INCORPORATOR

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

Rafael M. Moya
35303 SW 180th. Ave. # 311
Florida City, FL 33034

ARTICLE VI - DURATION

This corporation shall have a perpetual existence unless
dissolved according to law.

ARTICLE VII - PURPOSE

The purposes for which this corporation is organized are:

- (a) To engage and transact any and all lawful business which corporations normally do within the State of Florida.
- (b) To operate any legal business at the wholesale or retail level (or both) including but not limited to the general maintenance services for homes.

ARTICLE VIII - INDEMNIFICATION

This corporation shall indemnify any officer or director, or any agent, to the full extent permitted by law.

ARTICLE IX - INITIAL BOARD OF DIRECTORS

The business of this corporation shall be managed by a Board of Directors consisting of one or more members, the exact number to be determined from time to time in accordance with the By-Laws. The initial Board of Directors shall consist of two directors as follows:

Rafael M. Moya	Director, President and Treasurer
35303 SW 180th. Ave. #311, Florida City, FL 33034	
Tatiana K. Colella	Director, Vice-Pres. and Secretary
35303 SW 180th. Ave. #311, Florida City, FL 33034	

ARTICLE X - BY-LAWS

The Board of Director shall adopt By-Laws for this Corporation which may be amended, altered or repealed by the shareholders or directors in any manner permitted by law.

The undersigned incorporator has executed these Articles of Incorporation this 25 day of January 2001.

 _____, Rafael M. Moya

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registererd agent, in the State of Florida.

1. The name of the corporation is _____

C & M HOME CARE SERVICES, INC.

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

Name Rafael M. Moya

Address 35303 SW 180th. Ave. #311, Florida City, FL 33034

The following officer of this corporation has authorized the above person and office to be its registered agent and registered office.

Signature 

Title President

Date 01/25/01

FILED
01 JAN 29 AM 9:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ACCEPTANCE BY AGENT

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 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 

Date 01/25/01