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Florida Department of State
Division of Corporations
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To: Division of Corporations
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FLORIDA PROFIT CORPORATION OR P.A.

FAM - CARE INC.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION
OF
FAM - CARE INC.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be:

FAM - CARE INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation is:

3499 W. 4th AVE.
Hialeah, FL 33012

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 100 shares having an individual par value of \$ 1.00

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Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

Estela Ginoris
5210 SW 186 Ave.
Ft. Laud., FL 33332

ARTICLE VII

The name and address of the initial board of director(s) shall be:

Estela Ginoris
5210 SW 186 Ave.
Ft. Laud., FL 33332

Javier Ginoris
12355 NW 11 Ct.
Pembroke Pines, FL
33026

ARTICLE VIII

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

Estela Ginoris
5210 SW 186 Ave
Ft. Laud., FL 33332

The undersigned has executed these Articles of Incorporation this 9th day of Feb, 2001.

Estela Ginoris
INCORPORATOR

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

FAM - CARE INC.

(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

Antela Fiorio
REGISTERED AGENT

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