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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

O.M. LOVING CARE, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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B. McKnight APR 27 2001

CERTIFICATE OF CORPORATION
OF
O.M. LOVING CARE, CORP

We, the undersigned, do hereby associate ourselves together and subscribe this certificate of Incorporation for the purpose of forming a Corporation under the Laws of The State of Florida, and subject to the following provisions:

ARTICLE ONE

The name of the corporation shall be:

O.M. LOVING CARE, CORP.

ARTICLE TWO

The Corporation may engage in any activity or business permitted under the Laws of The United States and of The State of Florida.

ARTICLE THREE

This Corporation shall begin business with a minimum Capital in the amount of \$ 500.00 (FIVE HUNDRED) Dollars.

Evidence by an issue of ONE HUNDRED(100) SHARES, FIVE (\$5.00) Dollars Each.

ARTICLE FOUR

This Corporation shall have perpetual existence.

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ARTICLE FIVE

The principal office of the Corporation shall be located at:
7355 S.W 162 PLACE . MIAMI , FLORIDA 33193.

Other offices for the transaction of the business may be located wherever the directors may deem necessary of expedient.

ARTICLE SIX

The business of the Corporation shall be managed by a Board of Directors, who need not be Stockholders of the Corporation. The number of Directors, not less than one, shall be fixed by resolution of the stockholders at any regular or special meeting, subject to the manner of holding such meeting prescribed by the by-laws.

ARTICLE SEVEN

These Articles of Incorporation may be amended in the manner provided by the law. Every amendment shall be approved by the Board of Directors, proposed by them to the Stockholders, and approved as stockholders meeting by majority of the stock entitled to vote thereon, unless all the Directors and all the Stockholders sign a written statement manifesting their intention that certain amendment of these Article of Incorporation be made.

ARTICLE EIGHT

The name and post office addresses of the members of the First Board of Directors and Officers who shall hold office for the first year of existence of the Corporation or until their successors are elected or appointed and have qualified are follows.

OMAYDA LINARES PRESIDENT/DIR 7355 SW 162 PL. MIAMI, FL. 33193
MAXIMO LINARES SECRETARY/ DIR 7355 SW 162 PL. MIAMI, FL 33193

ARTICLE NINE

The name and post office address of each of the subscribers to this certificate of incorporation are as follows:

OMAYDA LINARES 7355 SW 162 PL. MIAMI FL 33193
MAXIMO LINARES 7355 SW 162 PL. MIAMI FL 33193

In Witness whereof, the undersigned Incorporator have hereunto set their hands and affixed their seals on this the 14 days of April, 2000.

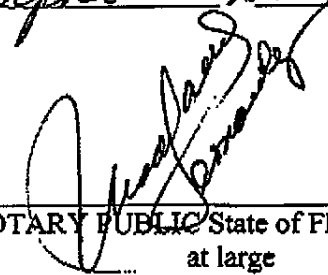
Omayda Linares

Maximo Linares

STATE OF FLORIDA)
)
COUNTY OF MIAMI DADE) SS

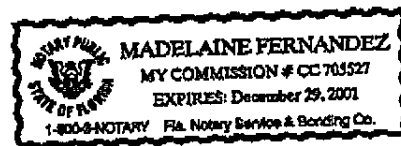
Before me , the undersigned authority, duly authorized to administer oaths and take acknowledgments, personally appeared the subscribers, who after first duly sworn, executed the foregoing certificate of Incorporation, freely and voluntary for the purpose therein expressed.

In witness whereof, I have hereunto set my hands and official seal at Miami, said County and State, this 14 days of April 2000.



NOTARY PUBLIC State of Florida
at large

My commission expires: 12/29/01



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**CERTIFICATE DESIGNATING DOMICILE AND AGENT
FOR SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA**

In compliance with Florida Statute, 48,091 the following is submitted:

FIRST: That the above styled Corporation desiring to organize or qualify under the laws of the State of Florida, with its principal place of business located at:

7355 SW 162 PLACE. MIAMI, FLORIDA 33193

Has named the undersigned at the address hereunder stated as its agent to accept service of process within Florida.

_____**MAXIMO LINARES**_____

_____**7355 SW 162 PLACE**_____

_____**MIAMI FLORIDA 33193**_____

Having named to accept service of process for the above stated Corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with all the provisions and regulations relative to the performance of duties.

Signature

Maximo Linares

Date

4/14/01