#### ARUS CORPORATE FILING SERVICE (Requestor's Name) 3320 S.W. 87 AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Certificate of Status Photocopy 300004101923—0 -05/01/01--01020—036 AMENDMENTS NEW-FILINGS Profit 25 Amendment NonProf Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILNGS **REGISTRATION** QUALIFICATION **Annual Report Éoreign Fictitious Name** Limited Parthership Name Reservation 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 | NAME

The name of the corporation shall be:

fair and Ikin Care the

## ARTICLE II PRINCIPAL OFFICE

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

18281 N.W. 68 Céne. Miami F1. 33015

### ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

735 W. 74 PL

Hieleah Fl. 33014

#### ARTICLE V INCORPORATOR(S)

The name(s) and street address Incorporation is(are):	(es) of the incorporator(s) to these Afficies of
	LUCY SAAVEDIOS
•	LUCY SAAVEDRA 735 W 74 PL
•	Hialeah, FL 33014
ART	ICLE VI DIRECTOR(S)
	e(es) of the director(s) to these Articles of
Incorporation is(are):	LUCY SAAVEDRA
	735 W. 74 PL
	LUCY SAAVEDRA 735 W. 74 PL HiAleAh, FL 33 014
The undersigned incorpogator(	s) has(have) executed these Articles of
Incorporation this	s) has(have) executed these Articles of, 192001.
	$\mathcal{L}$
	Judovi Saardie- Signature
	Signature
	Signature

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.	The name of the corporation is:
	Akin Care The
2.	The name and address of the registered agent and office is:
	Lucy Jaguedra
	(NAME)
	735 W. 74 PL
	(P.O. BOX NOT ACCEPTABLE)
	Healeah Fl. 33014
	(CITY/STATE/ZIP)
PPO DES LEC AGE THE TAN	ING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF CESS FOR THE ABOVE STATED CORPORATION AT THE PLACE IGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS EISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER REE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM HILLAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION OF ALL STATUTES RELATING TO SISTERED AGENT.
	SIGNATURE Judama Saarhan 3