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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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(((H01000063713 1)))

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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : MEDGUARD BUSINESS CENTER, INC.

Account Number : T19990000019

Phone : (305) 389-2049

Fax Number : (305) 826-2165

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUL -9 AM 9:15

FLORIDA PROFIT CORPORATION OR P.A.

Abuelitas Home Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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H01000063713 1***Articles of Incorporation***

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:
Abuelitas Home Inc.

ARTICLE II PRINCIPAL OFFICE

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

15257 SW 61 Street
Miami, Florida. 33193

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
The number shares which this corporation shall have the authority to issue is 100 shares of common stock NO PAR VALUE. Each share shall have equal rights to each other share with respect to dividends voting and in liquidation.

ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS

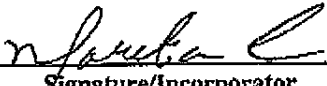
The name and Florida street address of the initial registered agent are:

Maritza Castellon
4257 SW 154 ct
Miami, Florida 33185

ARTICLE V INCORPORATOR

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

Maritza Castellon
4257 SW 154 ct
Miami, Florida 33185



Signature/Incorporator

5/7/2001

Date

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(An additional article must be added if an effective date is requested.)

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 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.



Signature/Registered Agent

5/07/2001

Date

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