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TRANSMITTAL LETTER

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

Nellie Akalp

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Subject

FROM:

ALPHA Sr. Homecare, Inc.

Enclosed is an original and two (2) copies of the articles of incorporation and a check for

30141 Agoura Road, Suite 205 Agoura Hills, California 91301

☐ \$122.50 Filing Fee

& Certified Copy

Filing Fee,
Copy Certified Copy
& Certificate

(ADDT'L COPY REQ'D)

(ADDT'L COPY REQ'D)_

\$131.25

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SECRETARY UF STATE
TALLAHASSEE FLORIDA

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

ARTICLES OF INCORPORATION OF ALPHA Sr. Homecare, Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida business Corporation Act, hereby adopts the following articles of incorporation.

<u>ARTICLE I NAME</u>

The name of the Corporation shall be: ALPHA Sr. Homecare, Inc.

ARTICLE II PRINCIPAL OFFICE

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

16140 Dawnview Drive, Suite A Tampa, Florida 33624

ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 1,500 at \$1.00 par value per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Avis A. Eden 16140 Dawnview Drive, Suite A Tampa, Florida 33624

ARTICLE V INCORPORATOR

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

Nellie Akalp 30141 Agoura Road, Suite 205 Agoura Hills, California 91301

Nellie Akalp, Incorporator

7/18/01

Date

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.

Avis A. Eden, Registered Agent Date