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CORPORATION NAME(S) & DOCU	MENT NUMB	FIR(S) (if known): FNC	FILED 01 OCT 17 A SECRETARY O TALLAHASSEE
2. (Corporation Name)		(Document #)	
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# ARTICLES OF INCORPORATION

01 OCT 17 AM 10: 50

SECRETARY OF STATE corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I - NAME

The name of the corporation shall be:

MIANI Adult CARE, INC:

#### ARTICLE II - PRINCIPAL OFFICE

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

2905 D.W. 10th ADE. MIRMI, FLA 33127.

## ARTICLE III -SHARES

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

100 shares.

## ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

HARIA DOCAL. 2905 N.W. 107haue HIAMI, FLA 33127.

01 OCT 17 AM 10: 50

### ARTICLE V - INCORPORATOR

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

MARY LOU. PEREDA 2905 D.W. 18Th ADE, MIAMI, FLA 33127

The undersigned incorporator has executed these Articles of incorporation this 16 day of 00 lobes 2001.

Cufay by John Leaf Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

MARY LOW PEREDA-PRESIDENT HARIA DOCAL-VICEPRESIDENT

2905 D. W. 10Thaus, Hismie, Fla 33127

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

(OLLA) & DCE Registered Agent Signature