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Florida Department of State
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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

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FLORIDA PROFTT CORPORATION OR P.A.

BAIL-CARE, INC

Certificate of Status	0
Certified Copy	1
Page Count	04
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ARTICLES OF INCORPORATION
OF

- 1 -

BAIL- CARE , INC

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I -NAME

THE NAME OF THE CORPORATION SHALL BE :
BAIL- CARE , INC _____
THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE
1182 NW 134 PLACE , MIAMI , FLORIDA 33182. _____

ARTICLE II NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES , THE STATE OF FLORIDA , OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

ARTICLE III CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS :100 all of which shall be common shares (1.00 PER VALUE EACH.)

ACCOUNTANT GLORIA CASTILLO & ASSOC. INC
5610 SW 93RD AVE.
MIAMI, FLORIDA 33173

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ARTICLE IV TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V OFFICERS DIRECTORS

THE NAME (S) AND STREET ADDRESS (ES) OF THE INITIAL OFFICER(S)
AND DIRECTOR (S) , IF ANY , WHO SHALL HOLD OFFICE THE FIRST
YEAR OF THE CORPORATION ' S EXISTENCE OR UNTIL THEIR
SUCCESOR(S) IS (ARE) ELECTED IS (ARE)

NORMA I. BAILE
PRESIDENT

1182 NW 134 PLACE
MIAMI , FL 33182

ARTICLE VI INCORPORATOR (S)

THE NAME (S) AND STREET ADDRESS (ES) OF THE INCORPORATOR(S)
TO THIS ARTICLES OF INCORPORATION IS (ARE):

NORMA I. BAILE
PRESIDENT

1182 NW 134 PLACE
MIAMI , FL 33182

CONTINUATION __ARTICLE VI-INCORPORATOR(S)

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR (S)
HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION
THIS NOV. DAYS OF 6 2001.

SIGNATURE(S) OF INCORPORATOR(S)

A handwritten signature in cursive script, appearing to read "P. G.", is written above a horizontal line.

PRESIDENT

CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.325, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF 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:
BAI-CARE, INC _____

2.- THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE
IS :

_____ NORMA I. BAILE 1182 NW 134 PLACE _____
(P.O. BOX NOT ACCEPTABLE)
_____ MIAMI, FL. 33182 _____
(CITY /STATE /ZIPCODE)

SIGNATURE _____
TITLE _____ PRESIDENT _____
DATE _____ 11/06/01 _____

HAVING BEEN 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 FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF MY RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE _____
DATE _____ 11/06/01 _____

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