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

\*\*\*\*\*87.50 \*\*\*\*\*87.50

NEW LIFE HOME CARE, INC Subject: (Proposed Corporate Name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

> 87.50 V \$70.00 \$78.75 \$122.50 \$131.25

FROM: ZETA SANDERMAN

Name (printed or typed)

6820 NW 46 COURT

Address

LAUDGRHILL, FL

City, State & Zip (954) 746 2764

Daytime telephone number

Please provide the original and one copy of the articles NOTE:

## 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 1

NAME

The name of the corporation shall be: NEW LIFE HOME CARE, INC

**ARTICLE 11** 

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall 6820 NW 46 CT

be:

...

LAWERHILL, FL 33319

**ARTICLE 111** 

**SHARES** 

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000

500 Five hundred (506) shares of common stock having a par value of one dollar (\$1) each. 25

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ZETA SANDERMAN 6820 NW 462 CT LAUDER HILL FL 33319 ARTICLEV

INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):  IE TA SANDERMAN  6820 NW 46° CT  LAWDER HU, FL 33319					
The undersigned incorporator(s) has (have) executed these Articles of Incorporation this					
Zeta Sondoin					
Signature					
Signature					
Signature					

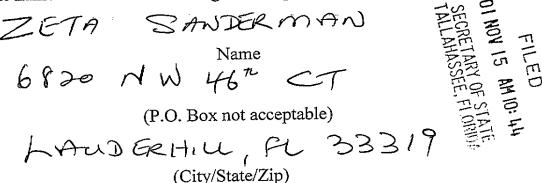
## CERTIFICATE OF DESIGNATION OF

## REGISTERED AGENT/ REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 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.

	The name of the corporation is:	NEW	LIFE	Home
	CARE, INC.			

2. The name and address of the registered agent and office is:



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 Date