

P01890110424

TRANSMITTAL LETTER

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

600004683436--6
-11/15/01--01036--007
*****87.50 *****87.50

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

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

\$70.00 \$78.75 \$122.50 \$131.25 *87.50 ✓*

FROM: *ZETA SANDERMAN*

Name (printed or typed)

6820 NW 46 COURT

Address

LAUDERHILL, FL 33319

City, State & Zip

(954) 746 2764

Daytime telephone number

FILED
01 NOV 15 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

*11-19-01
WC*

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 be:

**6820 NW 46TH CT
LAUDERHILL, 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**

25 ~~Five hundred (500)~~ **500** 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 46TH CT
LAUDERHILL FL 33319**

ARTICLE V

INCORPORATOR(S)

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TALLAHASSEE, FLORIDA

ZETA SANDERMAN
6820 NW 46th CT
LAUDERHILL, FL 33319

Zeta Sanderson

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.

1. The name of the corporation is: **NEW LIFE HOME
CARE, INC.**

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

ZETA SANDERMAN

Name

6820 NW 46th CT

(P.O. Box not acceptable)

LAUDERHILL, FL 33319

(City/State/Zip)

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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.

Zeta Sanderman
Signature

Date

11/10/01