

P01000115070

TRANSMITTAL LETTER

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

01 DEC -3 PM 1:29
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****78.75 *****78.75

HNB-STELL CARE, INC.

SUBJECT:

(Proposed corporate name- must include suffix)

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

() \$70.00 (X) \$78.75 () \$122.50 () \$131.25

FROM:

Harvie N. Butler

Name (printed or typed)

Name (printed or typed)

4521 NW 7th Street

Address

Address

Plantation, Florida 33317

City, State & Zip

City, State & Zip

NOTE:

Please provide the original and one copy of the articles.

3/12/01

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 I NAME

The name of the corporation shall be:

HNB-STELL CARE, INC.

ARTICLE II PRINCIPLE OFFICE

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

5040 NW 7th Street, Suite 410 Miami Florida 33134

ARTICLE III SHARES

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

This corporation is authorized to issue 100 shares of \$1.00 per value common stock which shall be designated as "Common Shares"

ARTICLE IV INITIAL REGISTERED OWNER

The name and address of the initial registered agent(s) is:

**Harvie N. Butler
4521 NW 7th Street
Plantation, Florida 33317**

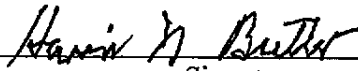
ARTICLE V INCORPORATOR(s)

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

Harvie N. Butler
4521 NW 7th Street
Plantation, FL 33317

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

28th November
_____ day of _____, 2001.



Signature

Signature

----oOo----

Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS 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: HNB - STELL CARE, INC.

2. The name and address of the registered agent(s) and office(s) is(are):

Harvie N. Butler

4521 NW 7th Street

(P.O. Box not acceptable)

(P.O. Box not acceptable)

Plantation, Florida 33317

(City/State/Zip)

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation as 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 status 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 Harvie N. Butler

11 / 28 / 01
Date

Signature _____

DIVISION OF CORPORATIONS, P.O. Box 6327, Tallahassee, Florida