

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

SUBJECT: DIAMOND HOME CARE, INC.

(Proposed corporate name-must include suffix)

300004788343--1 -01/22/02--01065--023 *****70.00 *****70.00

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

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate

1

FROM:

IRVING SCHATTNER

Name(Printed or typed)

3935 VILLAGE DRIVE, UNIT B

Address

DELRAY BEACH, FL 33445

City, State & Zip

(561) 302-0701

Daytime Telephone number



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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:

DIAMOND HOME CARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

3935 VILLAGE DRIVE UNIT # B DELRAY BEACH, FL 33445

ARTICLE III SHARES

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

5000 common shares, par value \$1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

IRVING SCHATTNER
3935 VILLAGE DRIVE, UNIT B
DELRAY BEACH, FL 33445



ARTICLE V INCORPORATOR(S) See instructions for officers/directors

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

IRVING SCHATTNER 3935 VILLAGE DRIVE, UNIT B DELRAY BEACH, FL 33445

The undersigned incorporator(s)	has(have) executed these Articles of
Incorporation this 18th day of 1 (An additional article must be added if a	an effective date is requested.)
	Oring Schattner Signature
	Signature
_	Signature
_	Signature

Notarization is not required CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: <u>DIAMOND HOME CARE, INC.</u>
- 2. The name and address of the registered agent and office is:

IRVING SCHATTNER (Name)

3935 VILLAGE DRIVE
(P.O. Box or Mail Drop Box NOT Acceptable)

DELRAY BEACH, FL 33445 (City/State/Zip)

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)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314