Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account: Name : BERRIZ & GIRALDO P.A.

Account Number : I19990000017 : (305)485-9300 Phone Fax Number : (305)485~1098

FLORIDA PROFIT CORPORATION OR P.A.

C.P.M CARE SERVICES, CORP.

Certificate of Status	0
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ARTICLES OF INCORPORATION

OF

C.P.M CARE SERVICES, CORP.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

C.P.M CARE SERVICES, CORP.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

(1) Transact any and all lawful business.

(2) Said corporation shall further have powers;
To have perpetual succession by its corporate

name:

C.P.M CARE SERVICES, CORP.

YOHIMA DEL CORRAL 4080 SW 84 AV MIAMI, FL 33155 205-4859300 H020000489219

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CRETARY OF STATE
LAHASSEF, FLORIDA

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The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

CLAUDIA PATRICIA MUNERA 1320 NORTH OCEAN BLVD DELRAY BEACH, FL. 33483

The principal office shall be:

1320 NORTH OCEAN BLVD DELRAY BEACH, FL. 33483

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The initial Board of Directors shall consist of a total of **TWO (02)** persons, and the name and address of the persons who are to serve as initial directors are:

CLAUDIA PATRICIA MUNERA : 1320 NORTH OCEAN BLVD DELRAY BEACH , FL. 33483

PRESIDENT

ALICE CANON 2825 SW 81 AVE MIAMI, FL. 33155

VICEPRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

CLAUDIA PATRICIA MUNERA 1320 NORTH OCEAN BLVD DELRAY BEACH, FL. 33483

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 04 Day of MARCH, 2002.

CLAUDIA PATRICIA MUNERA

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CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 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:

C.P.M CARE SERVICES, CORP.

2. The Name and Address of the registered agent and office is

CLAUDÍA PATRICIA MUNERA 1320 NORTH OCEAN BLVD DELRAY BEACH , FL. 33483

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

Dated: MARCH 04, 2002.

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