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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : NATIONS BUSINESS CENTER, INC.
Account Number : 120000000238
Phone : (305) 591-9448
Fax Number : (954) 753-3447

FLORIDA PROFIT CORPORATION OR P.A.

ALFA WORKING FOR ELPHA HOME CARE, INC.

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

TO: SECRETARY OF STATE, STATE OF FLORIDA, TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the Corporation shall be:

ALFA WORKING FOR ELPA HOME CARE, INC

The principal place of business of this corporation shall be:

9950 SW 83 STREET

MIAMI, FL 33173

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ARTICLE II NATURE OF BUSINESS

This corporation may engage in any business permitted under the laws of the United States, the State of Florida, or any other State, Country, Territory, or Nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1000.

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ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS


The name(s) and street address (es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are): Arellys Fe Herrera and Reinaldo Licea whom resides at 9950 SW 83 Street, Miami, FL 33173.

ARTICLE VI INCORPORATOR (S)


The names(s) and street address (es) of the incorporator(s) to these articles of incorporation is (are): Arellys Fe Herrera and Reinaldo Licea whom resides at 9950 SW 83 Street, Miami, FL 33173

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this _____ day of _____, 2002.

Signature(s) of Incorporator(s)



ARELYS FE HERRERA/President/Incorporator/Director/Registered Agent



REINALDO LICEA/Vice President/Incorporator/Director

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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: ALFA WORKING FOR ELPA HOME
CARE, INC.

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

ARELYS FE HERRERA
9950 SW 83 STREET
MIAMI, FLORIDA 33173

SIGNATURE: _____

TITLE: Incorporator/Vice-President/Registered Agent

Date: _____

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE
ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL
STATUTES RELATIVE TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND
OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE: _____

Date: 4/3/05

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TALLAHASSEE, FLORIDA

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