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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
Page Count	01 4
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FAX AUDIT#:( ( ( H ) ) )

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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TALLAHASSEE, FLORIDA

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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): Arelys 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): Arelys 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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