

P02000058586

MAY 16, 2002

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

SUBJECT: GOLDEN GIRLS HOME HEALTH AGENCY, INC.

ENCLOSED IS AN ORIGINAL AND ONE COPY OF THE ARTICLES OF  
INCORPORATION AND CERTIFICATE OF REGISTERED AGENT AND  
REGISTERED OFFICE, AND A CHECK IN THE AMOUNT OF \$70.00.

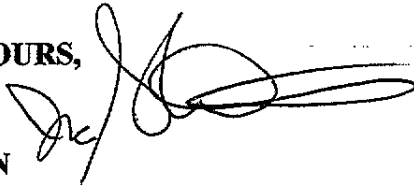
PLEASE MAIL THE COMPLETED FILED DOCUMENTS TO ME AT:

IRA STRICKMAN  
10519 NW 10<sup>TH</sup> STREET  
PLANTATION, FLORIDA 33322

100005621091--6  
-05/28/02--01041--014  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

VERY TRULY YOURS,

IRA STRICKMAN



g S/28

**ARTICLES OF INCORPORATION OF**

**GOLDEN GIRLS HOME HEALTH AGENCY, INC**

THE UNDERSIGNED FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE  
TERMS OF THE FLORIDA GENERAL CORPORATIONS ACT DOES HEREBY ADOPT THE  
FOLLOWING ARTICLES OF INCORPORATION.

**ARTICLE ONE**

**NAME OF CORPORATION**

THE NAME OF THE CORPORATION IS GOLDEN GIRLS HOME HEALTH AGENCY, INC.

**ARTICLE TWO**

**PRINCIPAL OFFICE**

THE PRINCIPAL OFFICE OF THE CORPORATION WILL BE: 10519 NW 10<sup>TH</sup> STREET,  
PLANTATION, FLORIDA.

**ARTICLE THREE**

**PURPOSE**

THE CORPORATION MAY TRANSACT ANY AND ALL LAWFUL BUSINESS FOR WHICH  
CORPORATIONS MAY BE INCORPORATED UNDER THE FLORIDA GENERAL  
CORPORATIONS ACT.

**ARTICLE FOUR**

**INITIAL CAPITAL**

THE AMOUNT OF THE INITIAL CAPITAL WITH WHICH THIS CORPORATION SHALL  
BEGIN BUSINESS SHALL BE FIVE HUNDRED (\$500) DOLLARS.

**ARTICLE FIVE**

**SHARES**

THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION HAS AUTHORITY  
TO ISSUE IS 5,000 SHARES, ALL OF WHICH SHALL BE COMMON SHARES AND SHALL  
HAVE A PAR VALUE OF ONE (\$1.00) DOLLAR.

**ARTICLE SIX**

**TERM OF EXISTENCE**

THE DURATION OF THIS CORPORATION IS PERPETUAL.

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE SEVEN**

**INITIAL REGISTERED AGENT AND ADDRESS**

**THE NAME OF THE INITIAL REGISTERED AGENT IS :**

**IRA STRICKMAN**

**THE STREET ADDRESS OF THE INITIAL REGISTERED AGENT IS:**

**10519 NW 10<sup>TH</sup> STREET, PLANTATION, FLORIDA 33322.**

**ARTICLE EIGHT**

**INCORPORATOR**

**THE NAME AND ADDRESS OF THE INCORPORATOR IS:**

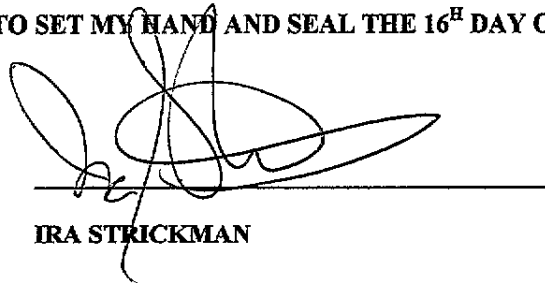
**NAME**

**ADDRESS**

**IRS STRICKMAN**

**10519 NW 10<sup>TH</sup> STREET  
PLANTATION, FLORIDA 33322**

**IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND SEAL THE 16<sup>H</sup> DAY OF  
MAY, 2002**



A handwritten signature in black ink, appearing to read 'IRA STRICKMAN', is written over a horizontal line. The signature is stylized with large loops and a long horizontal stroke at the end.

**IRA STRICKMAN**

**CERTIFICATE OF REGISTERED AGENT AND REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 , FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZING 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: GOLDEN GIRLS HOME HEALTH AGENCY INC.
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT IS:

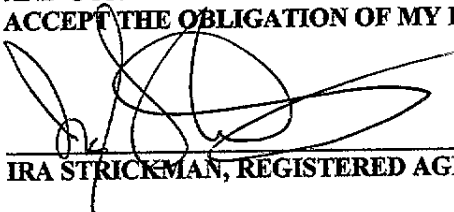
IRA STRICKMAN  
10519 NW 10<sup>TH</sup> STREET  
PLANTATION, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 MAY 28 AM 1:52

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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

  
\_\_\_\_\_  
IRA STRICKMAN, REGISTERED AGENT

5/16/02  
\_\_\_\_\_  
DATE