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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 : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FILED
2002 JUN 11 AM 7:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.**GALAFRE CARE CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

6/12/02

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ARTICLES OF INCORPORATION

SECRETARY OF STATE
TALLAHASSEE FLORIDA

OF

GALAFRE CARE CORP.

8100 WEST FLAGLER STREET, SUITE 101

MIAMI, FL. 33144

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida General corporation act. hereby adopts(s) the following articles of incorporation.

ARTICLE I NAME

The name of this corporation shall be:

GALAFRE CARE CORP.

The principal place of business of this corporation shall be:

8100 WEST FLAGLER STREET, SUITE 101
MIAMI, FL. 33144

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities of 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 on the time is: 1000 Shares at FIVE Dollars with a total of FIVE THOUSAND Dollars.

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 corporations existence or until their successor(s) is(are) elected, is(are):

President:
JUAN M. FLORES
8100 W FLAGLER ST. STE 101
MIAMI, FL. 33144

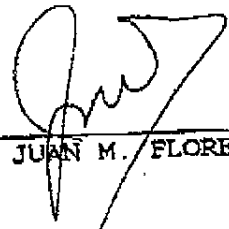
ARTICLE VI INCORPORATION(S).

The name(s) and street address(es) of the incorporator(s) to this article of incorporation is(are)

President:
JUAN M. FLORES
8100 W FLAGLER ST. STE 101
MIAMI, FL. 33144

In witness whereof, the undersigned incorporator(s) has(have) executed these article of incorporation this 10th day of JUNE, 2002.

Signature(s) of incorporator(s)



JUAN M. FLORES

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2002 JUN 11 AM 7:05

CERTIFICATE OF DESIGNATION

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

JUAN M. FLORES

8100 WEST FLAGLER STREET, SUITE 101

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL. 33144

(CITY/STATE/ZIP)

SIGNATURE: _____

TILES

President

DATE :

JUNE 10th. 2002

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

SIGNATURE _____

DATE JUNE 10th 2002