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LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAMASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

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	OFFICE USE ONLY	
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	OCUMENT NUMBER(s) (if known):	
1. CARE PROFE.	SSIONALS INC.	
(Corporation Name)	(Document #)	
2. (Corporation Name)	(Document #)	
3. (Cosporation Name)	(Document #)	
4.		-
(Corporation Name)	(Document #)	
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Mail out Will wait	Photocopy Certificate of Status	
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NonProfit	Resignation of R.A., Officer/Director	
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Examiner's Initials

D. WHITE JUL - 2 2002

ARTICLES OF INCORPORATION 02 III 2 DAIS

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The undersigned Incorporator(s), for the purpose of forming a SECRETARY OF STATE corporation under the Florida Business Corporation Act, hereby adopt(s) SSEE FLORIDA the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

Care Professionals INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

2537 NW 20 Th ST MiANEI FL 33142

<u>ARTICLE III -SHARES</u>

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CAZQUEZ LEONOR F 11335 NW 7 ST # 3 MIANEI FL 33172.

FILED 02 JUL -2 PM12: 39

<u>ARTICLE V - INCORPORATOR</u>

SECRETARY OF STATE TALLAHASSEE FLORIDA

The name and street address of the incorporator to these Articles of Incorporation is:

VAZQUEZ LEOWOR F 11335 NW 7 ST #3 MAMI FL 33172

The undersigned incorporator has executed these Articles of Incorporation this 1st day of 2002

Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

LAZQUEZ LEONOR F (PRESIDENT)
11335 NW 7 ST #3
reiArei FL 33172,

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature