

Division of Corporations

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To: Division of Corporations
Fax Number : (850) 205-0391

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

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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**FLORIDA PROFIT CORPORATION OR P.A.
SAN MIGUEL HOME CARE, INC.**

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

202

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ARTICLES OF INCORPORATION

OF
SAN MIGUEL HOME CARE, INC.

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: SAN MIGUEL HOME CARE, INC.

The principal place of business of this corporation shall be:

3931 West 8 avenue, Hialeah, Fl. 33012

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or 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:

100 shares Common Stock / \$1.00 par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS AND 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) elected, is (are):

Silvia L Espinosa

3931 West 8 Avenue, Hialeah, Fl. 33012

ARTICLE VI INCORPORATOR(S)

The names and street addresses of the incorporators to this articles of incorporation
Are:

Silvia L. Espinosa 3931 West 8 Avenue Hialeah, FL 33012

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed
these Articles of Incorporation this, 28 day of June of the year 2002.

Signature(s) of Incorporator(s)


Silvia L. Espinosa

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:

SAN MIGUEL HOME CARE, INC.

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

SILVIA L. ESPINOSA
3931 West 8th Avenue
Hialeah, Fl. 33012

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Signature *Silvia Espinosa*
Title PRESIDENT
Date 6/28/2002

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 I 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 *Silvia Espinosa*
(Registered Agent)
Date 6/28/2002