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02 NOV -4 AM 10:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: M. W. CARE, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MARIA TEIXEIRA NEVES
Name (Printed or typed)

1560 NE 47th
Address

FORTLAUDERDALE FL - 33334
City, State & Zip

954) 938-9954
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

M.W.Care, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1560 NE 47th Street
Oakland Park, FL 33334

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in a business permitted under Florida Law.

ARTICLE IV SHARES

The number of share of stock is:

100 shares with a \$0.01 value.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name (s), address (es) and title (s):

Kenneth Willens, President
1601 Abaco Drive,#2C
Coconut Creek, FL 33066

Maria Teixeira, Vice President
1560 NE 47th Street
Oakland Park, FL 33334

Joanna Neves, Exective Officer
1560 NE 47th St
Oakland Park, FL 33334

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

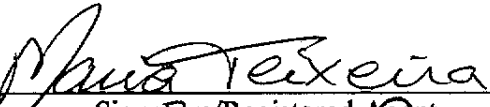
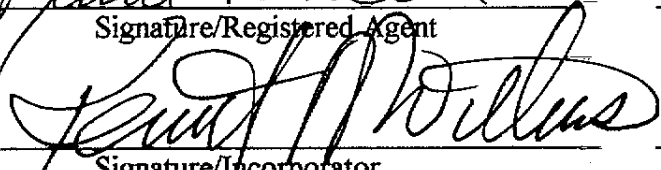
Maria Teixeira
1560 NE 47th Street
Oakland Park, FL 33334

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: —

Kenneth Willens
1601 Abaco Drive, #2C
Coconut Creek, FL 33066

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

 _____ Signature/Registered Agent	 _____ Signature/Incorporator	<u>10/26/02</u> Date	<u>10/26/02</u> Date
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TALLAHASSEE FLORIDA