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CORPORATION NAME(S) & DOC	'UMENT NUMBER(S) (if known):
ANCELS HOME	HEALTH CARE, INC.
1. \underline{P} \underline{N} ($\underline{G} \underline{E} \underline{L} \underline{S}$ \underline{P} $\underline{D} \underline{N}$ (Corporation Name)	(Document #)
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Profit	Amendment
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Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FUNGS	REGISTRATION/ QUALIFICATION
Annual Report	Foreign
Fictitious Name	

Limited Partnership

Reinstatement Trademark

Other

Name Reservation

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Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation. Ξ_{co}

ARTICLE I - NAME

The name of the corporation shall be:

Angels Home Health Care,

ARTICLE II - PRINCIPAL OFFICE

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

10240 SW. 56 Street, suite 113-A. Miami, Florida 33165-7066.

ARTICLE III -SHARES

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:

Raysi Hernández. 9015 GW 27 Street Miami Florida 33165

ARTICLE V - INCORPORATOR

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

Rausi Hernandez. Niami Florida 33165 SW 27 Street 9013

The undersigned incorporator has executed these Articles of Incorporation this 27 day of 3auara 2003



ARTICLE VI- DIRECTOR(S)

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

Rayoi Herviandez. - President 9015 SW 27 Street Miami Florida 33165

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

