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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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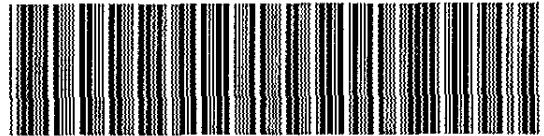
(Business Entity Name)

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**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

**TERESA ROMAN ( TALLAHASSEE REPRESENTATIVE)**

OFFICE USE ONLY

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

1. HOME NURSING SOLUTIONS, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

# ARTICLES OF INCORPORATION OF

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

## ARTICLE I, NAME

The name of the Corporation shall be

Home Nursing Solutions, Inc.

The principal address to this corporation shall be:

11401 S.W. 40<sup>th</sup> Street, Suite #329.

Miami Florida 33165.

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## ARTICLE II, NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities for business permitted in the United States, the State of Florida or any other state, county, territory or nation.

## ARTICLE III, CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock and have a par value of \$1.00 per share.

## ARTICLE IV, ADDRESS

The street address of the initial registered office of the corporation shall be 11401 S.W. 40<sup>th</sup> St., Suite #329, Miami, Fl. 33165 and the name of the initial registered agent of the corporation at that address Graciela L Amor.

## ARTICLE V, TERM OF EXISTENCE

This corporation is to exist perpetually.

## ARTICLE VI, SPECIAL PROVISION

This corporation shall have officer(s) and director(s), initially. The name and street address of the initial officer(s) and director(s) who shall hold offices for the first year of the corporation, or until his/her successor is elected or appointed are/is:

Graciela L. Amor  
President

Lucrecia Santana  
Secretary

Juan F. Carrascal  
Treasurer

13921 S.W. 38 Terrace  
Miami, Florida 33175

13360 S.W. 5 Street  
Miami, Florida 33184

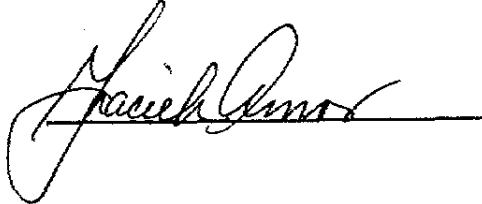
13400 S.W. 4<sup>th</sup> Terrace  
Miami, Florida 33184

## ARTICLE VII, SUBSCRIBER

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

Graciela L. Amor  
13921 S.W. 38 Terrace  
Miami, Florida 33175.

In WITNESS WHEREOF, the undersigned has here to set his/her hand and seal on this  
29 day of April, 2003.



\_\_\_\_\_(SEAL)

Certificate designated place of business or domicile for the service of process within Florida, naming agent upon whom process may be served.

In compliance with section 48.091, Florida Statutes, the following is submitted:

First that Home Nursing Solutions, Inc  
(Name of the Corporation)

Desiring to organize or qualify under the laws of the State of Florida, with its principle place of business at city of Miami  
(City)

State of Florida, has named Graciela L. Amor,  
(Name of resident agent)

Located at 11401 S.W. 40<sup>th</sup> Street, Suite #329 Miami, Florida 33165,  
(Street address and number of building)  
(Post office box addresses are not acceptable)

City of Miami, State of Florida, as its agent to accept services of process within Florida.

Signature Graciela L. Amor  
(Corporate officer)

Title President

Date April 29, 2003

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 provision of all statutes relative to the proper and complete performance of my duties.

Signature   
(Resident agent)

Date April 29, 2003

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