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Fax Number : (850) 205-0381

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

2003 MAY -1 AM 8:10
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STATE DEPT OF STATE
TALLAHASSEE FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

E & F HOME CARE SERVICES, INC.

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

May 1, 2003

FAS-T CORP. AGENTS, INC.

SUBJECT: E & F HOME CARE SERVICES, INC.
REF: W03000012411

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION
OF
E & F HOME CARE SERVICES, 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:
E & F HOME CARE SERVICES, INC..

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE:
3635 WEST 13 AVE, HIALEAH, FLA. 33012

ARTICLE II NATURE OF BUSINESS

**THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFULL ACTIVITIES
OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF
FLORIDA, OR ANY OTHER STATE, COUNTY, 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.**
1000 SHARES AT \$1.00 EACH

ARTICLE IV TERM OF EXISTENCE
THIS CORPORATION IS TO EXIST PERPETUALLY

ARTICLE V OFFICERS 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)**

EYALINES ACHOY (PRESIDENT)
3635 WEST 13 AVENUE
HIALEAH, FL. 33012
FRANCISCO PEREZ (VICE PRES/TREASURER)
3635 WEST 13 AVENUE
HIALEAH, FL. 33012

ARTICLES VI INCORPORATOR(S)

**THE NAME(S) AND STREET ADDRESS(ES) OF THE
INCORPORATOR(S) TO THIS ARTICLES OF INCORPORATION IS
(ARE):**

**EXALINES ACHOY
3635 WEST 13 AVENUE
HIALEAH, FL. 33012**

**FRANCISCO PEREZ
3635 WEST 13 AVENUE
HIALEAH, FL. 33012**

**IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S)
HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION
THIS: 30 DAY OF APRIL OF THE YEAR 2003**

SIGNATURE(S) OF INCORPORATOR(S)

x EOB
x PER

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

E & F HOME CARE SERVICES, INC.

**2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND
OFFICE IS:**

**3635 WEST 13 AVE
(P.O. BOX NOT ACCEPTABLE)
HIALEAH, FL. 33012
(CITY/STATE/ZIP)**

SIGNATURE:

**END
PRESIDENT**

TITLE

04-30-2003

DATE:

**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 SECTIONS OF SECTION
607.325, FLORIDA STATUTES.**

SIGNATURE:

**END
DATE 04-30-2003**