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Division of Corporations  
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FLORIDA PROFTT CORPORATION OR P.A.

padva's care, inc.

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ARTICLES OF INCORPORATION  
OF  
PADVA'S CARE, INC.

The undersigned, for the purpose of forming a corporation under the Florida Professional Service Corporation and Limited Liability Company Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be PADVA'S CARE, INC.

ARTICLE II - PURPOSE

This corporation may transact any and all lawful business for which corporations may be incorporated under the Florida Professional Service Corporation and Limited Liability Company Act. The specific purpose of the corporation is the practice of law.

ARTICLE III - PRINCIPAL OFFICE

The street and mailing address of the initial principle place of business of this corporation shall be:

PADVA'S CARE, INC.  
20355 N.E. 34<sup>th</sup> Court  
#1629  
Aventura, FL 33180

ARTICLE IV - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to issue and have outstanding at any one time is 100 shares of common stock, each share having a par value of One Dollar (\$1.00).

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#### **ARTICLE V - INITIAL REGISTERED AGENT AND ADDRESS**

The street address of the initial registered office of the corporation, and the name of the registered agent at that office, are as follows:

POLINA PADVA  
20355 N.E. 34<sup>th</sup> Court  
#1629  
Aventura, FL 33180

#### **ARTICLE VI - INCORPORATOR**

The name and street address of the sole incorporator of this corporation is:

POLINA PADVA  
20355 N.E. 34<sup>th</sup> Court  
#1629  
Aventura, FL 33180

#### **ARTICLE VII - INITIAL BOARD OF DIRECTORS**

The initial board of directors shall consist of one (1) member. The name and address of the person who will serve on the initial board of directors is:

Name	Address
POLINA PADVA	20355 N.E. 34 <sup>th</sup> Court, #1629, Aventura, FL 33180

#### **ARTICLE VIII - BYLAWS**

The power to adopt, alter, amend or repeal bylaws shall be vested in the board of directors of the corporation.

#### **ARTICLE IX - AMENDMENT**

These Articles of Incorporation may be amended at any time by a vote of the majority of the voting stock of the corporation outstanding at any regular meeting of the stockholders or at any special meeting of the stockholders called for that expressed purpose.

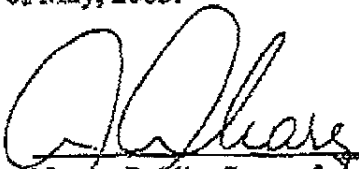
IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 17 day of May, 2003.

  
POLINA PADVA  
Incorporator

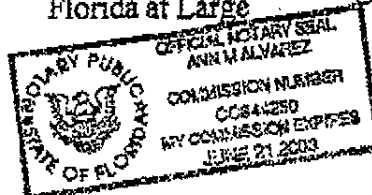
STATE OF FLORIDA       )  
                                  ) ss:  
COUNTY OF MIAMI-DADE)

Before me, a notary public authorized to take acknowledgments in the state and county set forth above, personally appeared POLINA PADVA, known to me to be the person who executed the foregoing articles of incorporation, and acknowledged before me that he executed the same for the purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, this 19 day of May, 2003.

  
Notary Public, State of  
Florida at Large

My Commission expires:



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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT AND REGISTERED OFFICE**

Pursuant to the provisions of § 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement to designate the registered agent and registered office, in the State of Florida.

1. The name of the corporation is PADVA'S CARE, INC
2. The name and address of the registered agent and office is:


POLINA PADVA  
20355 N.E. 34<sup>th</sup> Court  
#1629  
Aventura, FL 33180

POLINA PADVA  
Incorporator of PADVA'S CARE, INC.

Date: 5/19/03

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TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
POLINA PADVA  
Registered Agent  
PADVA'S CARE, INC.

Date: 5/19/03

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