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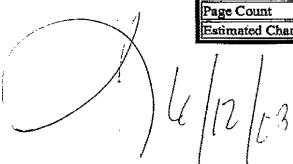
Account Name : BERRIZ & GIRALDO P.A.

Account Number : 119990000017 Phone : (305)485-9300 Fax Number : (305)485-1098

FLORIDA PROFIT CORPORATION OR P.A.

GOLDEN CARE OPTIONS, CORP.

Certificate of Status	0
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ARTICLES OF INCORPORATION

OF

## GOLDEN CARE OPTIONS, CORP.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

#### ARTICLE !

The name of this corporation shall be:

## GOLDEN CARE OPTIONS, CORP.

## ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

## ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

  To have perpetual succession by its corporate

name:

GOLDEN CARE OPTIONS, CORP.

YOHIMA DEL CORRAL 4080 SW 84 AV MIAMI, FL 33155 305-4859300 Ho3 000 213 133 9.

HO3 000 013 1339

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of

articles, there shall be only one (1) class of stock of this corporation.

\$10.00
Unless otherwise stated in these articles, or in an amendment to these

### **ARTICLE V**

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

VILMA RIVERA 10204 NW 33RD PLACE SUNRISE,FL, 33351

The principal office shall be:

10204 NW 33RD PLACE SUNRISE,FL. 33351

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The initial Board of Directors shall consist of a total of TWO(02)persons, and the name and address of the persons who are to serve as initial directors are:

VILMA RIVERA 10204 NW 33RD PLACE SUNRISE,FL. 33351

PRESIDENT

MARIA E. MARTINEZ 10204 NW 33RD PLACE SUNRISE,FL. 33351

VICEPRESIDENT

The name and address of the incorporator executing these Articles of incorporation is

VILMA RIVERA 10204 NW 33RD PLACE SUNRISE,FL. 33351

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 04 day of JUNE, 2003.

VILMA RIVERA

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Ho3 000 213 1339

# CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, 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 is:

# **GOLDEN CARE OPTIONS, CORP.**

2. The Name and Address of the registered agent and office is

VILMA RIVERA 10204 NW 33RD PLACE SUNRISE,FL, 33351

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.

SIGNATURE

Dated: JUNE 04, 2003

Una non 213 1339.