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TERESA KOMAN (TABUMIASSEE KEI	OFFICE USE ONLY
CORPORATION NAME(s) & DO	CUMENT NUMBER(S) (if known):
I TOFAL CARE	NETWOOK INC.
(Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
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NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
. Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FUNGS	REGISTRATION/ QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership
Name Reservation	Reinstatement
-	Trademark

Other

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.

ARTICLE I - NAME

The name of the corporation shall be:

IDEAL CARE NETWORK INC.

ARTICLE II - PRINCIPAL OFFICE

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

7944 S.W. 8 St

Mianui Ft 33144

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:

Miscel H. PALACIAS

7944 S.W. 85+ Rubrus PC 33144

ARTICLE V - INCORPORATOR

·
The name and street address of the incorporator to these Articles of Incorporation is: $Micsuel H. PALAcios$
· ·
7944 S.IN. 85+
MANI FC 33144
The undersigned incorporator has executed these Articles of
Incorporation this 13 day of FUNE 1 2003
x Uth La
Stanature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are): MicHelle C. PALACIOS, thesisent/CEO MicHelle C. PALACIOS, SECRETARY/DIRECTOR 7944 S.W. 8 ST

MIAMI FL 33144

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.