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CORPORATION NAME(s) & DOO	CUMENT NUMBER(S) (if known):	•
1. HOME HEALTH	+ SYSIEMS INC.	.
(Corporation Name)	(Document #)	
2. (Corporation Name)	(Document #)	
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OTHER FUNGS	REGISTRATION/	
. Annual Report	QUALIFICATION	
Fictitious Name	Foreign Limited Partnership	
Name Reservation	Reinstatement	
_	Trademark	· -
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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:

HOME HEALTH SYSTEMS INC.

DIVISION OF CORPORATIONS

03 SEP 24 PM 1: 29

ARTICLE II - PRINCIPAL OFFICE

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

7064 S. W. 114 PL. UNIT A MIAM) IFL 33173

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

<u> ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and address of the initial registered agent is:

CHARLES P. CAUBLE TR. 7064 SW. 114 PL. UNIT A MIAMI, R. 33173

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: CHARLES P. CAVELE TR.

7064 SW 114 PL UNIT A MIAMI, FL. 32173

The undersigned incorporator has executed these Articles of Incorporation this 23 day of SEPTEMBER 2003

Charles & Caudl-ji.
Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

CHARLES P. CAUDLE JR.
7064 S.W. 114 PL. UNIT A
MIAMI, FL 33173
PRESIDENT

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

I laving 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.

Clarky P. Canolle J. Registered Agent Signature