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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

mother's golden years inc.

Certificate of Status	U
Certified Copy	1
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Estimated Charge	\$78.75

Electronic Filing Menu

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Articles of Incorporation

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Mother's Golden Years Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 5454 S.W. 145th Avenue
Miami, Florida 33175

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: The number shares which this corporation shall have the authority to issue is 100 shares of common stock NO PAR VALUE. Each share shall have equal rights to each other share with respect to dividends voting and in liquidation.

ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Amalia Martinez 5454 S.W. 145th Avenue Miami, Florida 33175

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Amalia Martinez

5454 S.W. 145th Avenue

Miami, Florida 33175

ARTICLE VI OFFICERS AND DIRECTORS

Amalia Martinez-DP

Yaneya Navarro-DVP

5454 S.W. 145th Avenue

3220 N.W. 97th Street

Miami, Florida 33175

Miami, Florida 33147

Signature/Incorporator

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(An additional article must be added if an effective date is requested.)

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 appoint ment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statues relating to the proper and complete performance of my duties, and lyan familiar (Ath and accept the obligations of my position as registered agent.

Signature/Registered Agent

That

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CRETARY OF STATE
LAMASSEE, FLORIDA
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