

P04000053592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

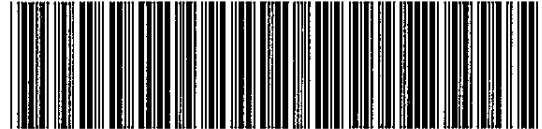
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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9 D. WHITE MAR 29 2004



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03/25/04--01051--003 **78.75

RECEIVED
04 MAR 25 11:11:03 2004 MAR 25 P 3:40
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- 1. GABIES HOME CARE, INC (Corporation Name) (Document #)
- 2. _____ (Corporation Name) (Document #)
- 3. _____ (Corporation Name) (Document #)
- 4. _____ (Corporation Name) (Document #)

- Walk in Pick up time 2:00 Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/> Profit	
<input type="checkbox"/> NonProfit	
<input type="checkbox"/> Limited Liability	
<input type="checkbox"/> Domestication	
<input type="checkbox"/> Other	

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*Please to
Be full
after 1:00
Thank
you*

Examiner's Initials	
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

Hables Home Care, Inc

2004 MAR 25 P 3:40

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

3071 SW 114 Ave
Miami, FL 33165

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Home Health Services.

ARTICLE IV SHARES

The number of shares of stock is:

100.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Elizabeth Braceras
3071 SW 114 Ave.
Miami, FL 33165.
(President)

Gisele Braceras
13787 SW 66 ST Unit D-249
Miami, FL 33183
(Vice-President)

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Elizabeth Braceras
3071 SW 114 Ave.
Miami, FL 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Elizabeth Braceras
3071 SW 114 Ave.
Miami, FL 33165.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Elizabeth Braceras

Signature/Registered Agent

03/26/2004

Date

Elizabeth Braceras

Signature/Incorporator

03/26/2004

Date