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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.**MICA'S HOME CARE INC.**

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CLERK OF THE
COURT
TALLAHASSEE, FLA.

ARTICLE OF INCORPORATION

OF

MICA'S HOME CARE INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: MICA'S HOME CARE INC.

The principal place of business of this corporation shall be:

6507 Winifield Blvd. C-224
Margate, Fl. 33023

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$10.00 = \$1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

RICHARD RIVERA	DIRECTOR
6507 Winifield Blvd. C-224	
Margate, Fl. 33023	

ARTICLE VI INCORPORATOR(S)

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

RICHARD RIVERA	PRESIDENT, SECRETARY & TREASURER
6507 Winifield Blvd. C-224	100 shares
Margate, Fl. 33023	

The undersigned has(have) executed these Article of Incorporation this 12 th. day of May, 2004.



Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions 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:_____

_____MICA'S HOME CARE INC._____

2. The name and address of the registered agent and office is _____RICHARD RIVERA_____

_____(Name)_____

_____6507 Winifield Blvd. C-224_____

_____(P. O. BOX NOT ACCEPTABLE)_____

_____MARGATE, FL. 33063_____

_____(CITY/STATE/ZIP)_____

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

R. Rivera

DATE 5-12-04

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