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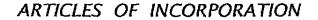
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CORPORATION NAME(S) & DOC	CUMENT NUMBER(S) (if known):	
1. TAMIANI HEALTH CARE SERVICES INC.		
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
3. (Corporation Name)	(Document #)	
4.		
(Corporation Nama)	(Document #)	
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≥ NEW FILINGS	AMENDMENTS	
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NonProfit	Resignation of R.A., Officer/Director	
. Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILIGS	REGISTRATION/ QUALIFICATION	
Annual Repotit	Foreign	
Fictitious Name	Limited Partnership	
Name Reservation	Reinstatement	
	Trademark	
	Other Examiner's Initials	
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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:

Hamiami HeALHH CARE Services INC.

# ARTICLE II - PRINCIPAL OFFICE

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

### 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:

13992 SW 13907 miami D 33186 Genoveva DELA



# <u>ARTICLE V - INCORPORATOR</u>

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

Genoveva DELA' 13992 5w 13907 miami F1 33186

The undersigned incorporator has executed these Articles of Incorporation this <u>5</u> day of <u>SANUA RY</u> 2006

# ARTICLE VI- DIRECTOR(S)

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

Genoveya DELA

(President)

#### 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.

Registered Agent Signature