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DIVISION OF CORPORATIONS
05 FEB 17 AM 9:02

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: DA CENTERLIFE HEALTH CARE INC
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: MARIA A. GONZALEZ
Name (printed or typed)

3581 E. 4th AVE
Address

HIALEAH, FLORIDA 33013
City, State & Zip

(305) 726-8065
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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DIVISION OF
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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: DA CENTERLIFE HEALTH CARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

3581 E. 4th AVE
HIALEAH, FLORIDA 33013

ARTICLE III SHARES

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

FIVE HUNDRED SHARES, all of which shall be of \$1.00 par value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: MARIA A. GONZALEZ
3581 E. 4th AVE
HIALEAH, FLORIDA 33013

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

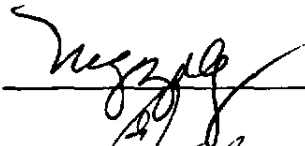
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MARIA A. GONZALEZ AS PRESIDENT AND DANIEL GONZALEZ AS VICE_PRESIDENT

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

24th day of JANUARY, 2005.

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



Signature



Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

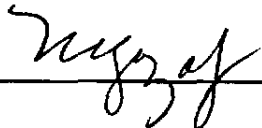
1. The name of the corporation is: DA CENTERLIFE HEALTH CARE INC.
2. The name and address of the registered agent and office is:

MARIA A. GONZALEZ
(NAME)

3581 E. 4th AVE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

HIALEAH, FLORIDA 33013
(CITY/STATE/ZIP)

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 appointment 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 registered agent.



(SIGNATURE)

1/24/05
(DATE)

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