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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257 : (850)224-8870 er - : (850)224-7047 Fax Number -

FLORIDA PROFIT CORPORATION OR P.A.

ELDERHELPER USA, INC.

| Certificate of Status | 0 |
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| Certified Copy | 1. |
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4/5/2005

H05000083076 3

ARTICLES OF INCORPORATION

 \mathbf{OF}

ELDERHELPER USA, INC.

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 is ELDERHELPER USA, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 1550 N.E. Miami Gardens Drive, #507, No. Miami Beach, FL. 33179

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$1.00) per share.

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CAPITAL CONNECTION

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H05000083076 3

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Terry Abrams Berger, 1550 N.E. Miami Gardens Drive, #507, No. Miami Beach, FL. 33179

ARTICLE V: OFFICERS AND DIRECTORS

The name and address of the initial Officer and Director is,

Terry Abrams Berger, 1550 N.E. Miami Gardens Drive, #507, No. Miami Beach, FL. 33179

ARTICLE VI: SPECIAL PROVISIONS

It is the intent of the incorporator and directors that the corporation qualify under Section 1244 of the Internal Revenue Code and that the corporation file as a Sub S Corporation. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

ARTICLE VII: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

The undersigned has executed these Articles of Incorporation this 5th day of April 2005.

Your Capital Connection, Inc. by Weimar Lopez, Client Representative

H05000083076 3

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the fellowing statement in designating the registered office/registered agent, in the state of Florida.

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| 1. The name of the corporation is. | Control of the state of the sta |
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| | · |
| 2. The name and street address of the regis | tered agent and office is: TOKTU HOTOMS |
| Beraux, 1550N.E. IVU | lanic Gardens Drive # 507 |
| No Miani Beach | |
| | : |
| HAVE BEEN NAMED AS REGISTERED PROCESS FOR THE ABOVE STATED (| AGENT AND TO ACCEPT SERVICE OF CORPORATION AT THE PLACE DESIGNATED IN |

HAVE 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.

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SECRETARY OF STATE TALLAHASSEE, FLORIO

H05000083076 3