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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

FLORIDA PROFIT CORPORATION OR P.A.

Helping Hands Rehab & Home Health Services, Inc.

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## ARTICLES OF INCORPORATION Of HELPING HANDS REHAB & HOME HEALTH SERVICES, INC.

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:

HELPING HANDS REHAB & HOME HEALTH SERVICES, INC.

#### ARTICLE II PRINCIPAL PLACE OF BUSINESS

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

9900 SW 168<sup>th</sup> St., STE. 5 Miami, FL 33167

#### ARTICLE III NATURE OF BUSINESS

The general nature of the business to be transacted by the corporation and its object and powers shall be engage in any activity or business permitted under the laws of the United States and the State of Florida.

#### ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ONE THOUSAND SHARES OF COMMON STOCK OF THE PAR VALUE OF ONE DOLLAR PER SHARE.

The consideration to be paid for each share shall be fixed by the Board of Directors.

#### ARTICLE Y TERM OF EXISTENCE

This Corporation shall have perpetual existence from the date of the incorporates execution and adoption of these Articles of Incorporation.

### ARTICLE VI INITIAL REGISTERED AGENT AND OFFICE STREET ADDRESS

The name and address of the initial registered agent is:

Damian Castilla 9900 S.W. 168<sup>th</sup> Street, STE. 5 Miami, FL 33157

#### ARTICLEVII DIRECTOR(S)

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

PRESIDENT
Damian Castilla
1581 S.W. 191 Lane
Pembroke Pincs, FL 33029

VICE PRESIDENT Rosario Paola Apaza 10449 S.W. 210 Terrace Miami, FL 33189

#### ARTICLE YILI INCORPORATOR(S)

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

PRESIDENT
Damian Castilla
1581 S.W. 191 Lane
Pembroke Pines, FL 33029

VICE PRESIDENT Rosario Paola Apaza 10449 S.W. 210 Terrace Miami, FL 33189

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 13th day of April 2005.

Signature
Signature

Signature

#### ARTICLE IX AMENDMENTS

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by the Stockholders, and approved at the Stockholder's meeting by a majority of the stock entitle to vote thereon, unless all the Directors and all the Stockholder's sign a written statement manifesting their intention that a certain amendment of these Article of Incorporation be made.

#### CERTIFICATE DESIGNATING REGISTERED AGENT AND REGISTERED PLACE OF BUSINESS OR DOMICILE FOR THE PROCESS WITHIN THE STATE OF FLORIDA, AND ACCEPTANCE OF AGEN UPON WHOM PROCESS MAY BE SERVED

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the Undersigned Corporation, organized under 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:

#### HELPING HANDS REHAB & HOME HEALTH SERVICES, INC.

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

Damian Castilla 9900 S.W. 168<sup>th</sup> Street, STE. 5 Miami, FL 33157

ACCEPTANCE OF REGISTERED AGENT

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 PURSUANT TO F.S. 607.050(3).

SIGNATURE

DATE

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