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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.

SOUTH FLORIDA HOME CARE INC.

D. WHITE SEP 28 2005

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ARTICLES OF INCORPORATION

2005 SEP 27 P 1: 56

<u>OF</u>

TALLAHASSEE, FLORIDA

SOUTH FLORIDA HOME CARE INC.

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

ARTICLE I NAME

The Name of the corporation shall be:

SOUTH FLORIDA HOME CARE INC.

The principal place of business of this corporation shall be:

. 123 N. KROME AVE STE 203 HOMESTEAD, FL 33030

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 States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

Aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any time is one hundred shares (100) at \$5.00 par value.

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) and directors(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):

DIRECTOR/PRESIDENT DOMINGO GOMERO
123 N. KROME AVE. STE 203
HOMESTEAD, FL 33030

ARTICLE VI INCORPORATOR(S)

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

DOMINGO GOMERO 123 N. KROME AVE. STE 203 HOMESTEAD, FL 33030

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed the Articles of incorporation this 27TH day of September, 2005.

Signature of incorporator(s)

DOMINGO GOMERO

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TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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.

The name of the corporation:

SOUTH FLORIDA HOME CARE INC.

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

DOMINGO GOMERO 123 N. KROME AVE STE 203 HOMESTEAD, FL 33030

SIGNATURE:

TITLE:							
DATE:	9-27-05						
CORPORA AGREE TO PROVISION PERFORM SECTION (EEN NAMED TO TION, AT THE ACT IN THIS ON NS OF ALL ST ANCE OF MY D 507.325 FLORIE	E PLACE CAPACITY TATUTES OUTIES, AN DA STATU	DESIGNATE , AND I FUI RELATIVE 1D I ACCEP	D IN THIS RTHER AGI TO THE	S CERTIFI REE TO CO PROPER	CATE, I DMPLY V AND C	HEREBY WITH THE OMPLETE

DATE: