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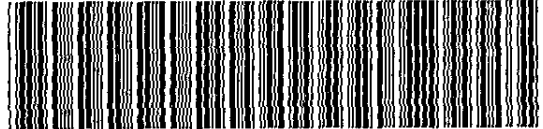
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/20/05--01025--007 **78.75

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05 OCT 20 PM 3:27

05 OCT 20 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CLERK OF STATE
DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA

C.F. 10-10

**LAZARUS
CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. TIME IS CARE II CORP.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time 2.00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

ARTICLES OF INCORPORATION

OF

TIME IS CARE II CORP.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We, the undersigned, hereby associate ourselves together for the purpose of becoming incorporated under the laws of the State of Florida, and do hereby adopt the following:

Article I

The name of the Corporation shall be **TIME IS CARE II CORP.**

Article II

This Corporation may engage in any activity or business permitted under the laws of the state of Florida.

Article III

The maximum number of shares of stock of this Corporation shall be Five Hundred (500) shares, the said share having a par value of one dollar and no/100 each and to be fully paid and non-assessable of which shall be common stock, and the same shall be issued and sold for such consideration as may be fixed by the Board of Directors hereof. Said share of stock shall be issued, sold or transferred only according to the By-laws of the Corporation for any indebtedness which may be due at any time by the holders of same to the Corporations, and such lien shall be superior to all liens of nay character, and all assignments and transfers of stock of this Corporation shall be subject thereto.

Articles IV

The amount of capital with which the Corporation shall begin business shall be not less than Five Hundred (500.00) dollars.

Article V

The Corporation shall have perpetual existence.

Article VI

The principal place of business of this Corporation shall be:
3520 NW 210 Terrace, Opa Locka, Florida 33056.

Article VII

The business of the Corporation shall be conducted by a Board of Director of not less than one (1) nor more than nine (9) Directors.

Article VIII

The names of post office addresses of the officers and first Board of Directors of this Corporation, who shall hold office for the first year of its existence, or until their successors are elected and qualified, are as follows:

Aida Isabel Echevarria – President, Secretary, Treasurer, Director
5998 west 4th Avenue, Hialeah, Florida 33012.

Article IX

The names and post office addresses of the subscribers to the Certificate of Incorporation, and the number of share of capital stock each agrees to take, are as follows:

Aida Isabel Echevarria – President, Secretary, Treasurer, Director
5998 west 14th Avenue, Hialeah, Florida 33012.

IN WITNESS WHEREOF, the Incorporates have hereunto set their hands and seals this 18th day of October, 2005.



Aida Isabel Echevarria – President, Secretary, Treasurer, Director

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR
THE SERVICE OF PREACHES WITHIN FLORIDA, NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED IN COMPLIANCE WITH
SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:**

FIRST -THAT TIME IS CARE II CORP. DESIRING TO
ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF
FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT THE CITY
OF HIALEAH, STATE OF FLORIDA, HAS NAMED
AIDA ISABEL ECHEVARRIA LOCATED AT 5998 WEST 14TH AVENUE
HIALEAH, STATE OF FLORIDA, AS IT'S AGENT TO ACC
SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE : Aida I Echevarria

TITLE : AIDA ISABEL ECHEVARRIA, PRESIDENT

DATE : 10/18/05

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR
THE ABOVE STATED CORPORATION, AT THE PLACE
DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT
IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH
THE PROVISIONS OF ALL STATUS RELATIVE TO THE PROPER
AND COMPLETE THE PERFORMANCE OF DUTIES.

SIGNATURE Aida I Echevarria
AIDA ISABEL ECHEVARRIA

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TALLAHASSEE, FLORIDA