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| PICK-UP                   | ☐ WAIT            | MAIL        |
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| Certified Copies          | _ Certificates    | s of Status |
| Special Instructions to I | Filing Officer:   |             |
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## LAZARUS CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

| MIAMI, FL 33165 (305) 552-5                                    | 973                          |                                      |
|--|------------------------------|--------------------------------------|
|  | <del> </del>                 | Office Use Only                      |
| CORPORATION NAME(S) & DOCUM                                    | IENT NUMBER(S),              | (if known):                          |
| 1. H.A. NURSING SEI  | RUICES, IN                   | C.                                   |
| (Corporation Name)   | (Document #)                 |                                      |
| 2(Corporation Name)  | (Document #)                 |                                      |
| (corporation reality)  | (Document #)                 |                                      |
| 3. (Corporation Name)  | (Document #)                 |                                      |
| 4(Corporation Name)  | (Document #)                 |                                      |
| Walk in Pick up time   |                              | Certified Copy                       |
| Mail out Will wait   | Photocopy                    | Certificate of Status                |
|  | Пососору                     | — Continued of Switter               |
| NEW FILINGS  | <u>AMENDMENTS</u>            |                                      |
| Profit Not for Paris   | Amendment                    |                                      |
| <ul><li>✓ Not for Profit</li><li>✓ Limited Liability</li></ul> | Resignation of Change of Reg | R.A., Officer/Director istered Agent |
| Domestication Other  | Dissolution/Windows          |                                      |
|  | _                            |                                      |
| OTHER FILINGS  | REGISTRATION                 | <u>/QUALIFICATION</u>                |
| Annual Report Fictitious Name                                  | Foreign Limited Partne       | rehin                                |
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| •  | Trademark Other              |                                      |
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SECRETARY OF STATE
TALLAHASSEE, FLORIS

#### ARTICLES OF INCORPORATION

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:

H.A. NURSING SERVICES, INC 4951 SW 143 COURT MIAMI FLA 33175

#### ARTICLE II - PRINCIPAL OFFICE

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

4951 SW 143 COUR MIAMI FLA 33175

#### ARTICLE III - SHARES

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

100

### ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RAYMUNDO TAMAYO 7510 SW 152 AVE APT 205C MIAMI FLA 33193 APR-05-05 TUE 11:19 AM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#### ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

JORGE PELAEZ 1671 W 38th PL NO 1408 HIALEAH FLA 33012

The undersigned incorporator has executed these Articles of Incorporation this  $\frac{7}{2005}$  day of  $\frac{100}{2005}$ 

Signature

#### ARTICLE VI- DIRECTOR(S)

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

President

HECTOR ALBISU 4951 SW 143 COURT MIAMI FLA 33175

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Rammer tance