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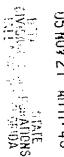
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ORPORATION NAME(S) & DO	CUMENT NUMBER(S), (if known):
PARADISE H	OME HEALTH, FWC.
(Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
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Profit	Amendment
Not for Profit Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent
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☐ Annual Report	Foreign
Fictitious Name	Limited Partnership
	Reinstatement
	Trademark Other

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## 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:

PARADISE Home Health, INC

## **ARTICLE II - PRINCIPAL OFFICE**

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

19852 SW 32 Ln. Miami, Fl. 33185

# **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:

ELENA C. ALENAN 14852 SW 32 Ln. Miami Fl. 33185

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## **ARTICLE V - INCORPORATOR**

The name and stre	et address of the	incorporator to	these Articles	of
Incorporation is:	ELENA C	. ALEMAN	14852	SW 32 Ln
	BELKIS		Miami	Fl. 33185
	MARITZA	ALEMAN		

The undersigned incorporator has executed these Articles of Incorporation this day of 2005.

<u>Eleua Aleura</u>ur. Signature

#### **ARTICLE VI- DIRECTOR (S)**

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

ELENA C. ALEMAN - PRESIDENT BELKIS GARCIA - VICE- PRESIDENT MARITZA ALEMAN - SECRETARY

#### 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.

Elela CAllella.

Registered Agent Signature