

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((17060000065663)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0381

From:

: ARES & COMPANY, C.P.A., P.A. Account Name

Account Number : 120000000268 Phone

: (305)229-8256

Fax Number

: (305)229-8252

FLORIDA PROFIT/NON PROFIT CORPORATION

G B A HOME HEALTH CARE, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | I |
| Page Count | 01 |
| Estimated Charge | \$78.75 |

Electronic Filing Menu

Corporate Filing Menu

Help

(((H06000006566 3))) 2006 FEB ~2 AM 11: 01

ARTICLES OF INCORPORATION

ALLAHASSEE FLORIDA

OF

G B A HOME HEALTH CARE, INC.

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

G B A HOME HEALTH CARE, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purpose proposed to be transacted and carried on by this corporation are to do any and all of the things, as fully and to the same extent as natural persons might do, viz:

PREPARED BY: ARES & COMPANY, C.P.A., P.A. 3636 SW 87TH AVE. MIAMI, FL. 33165

(((1106000006566 3)))

(((H06000006566 3)))

Transact any and all lawful business.

(1) Said corporation shall further have powers:

To have perpetual succession by its corporate name,

G B A HOME HEALTH CARE, INC.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of US\$10.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The name and street address of the initial Registered Agent and Registered Office of this corporation shall be:

BETTY HERNANDEZ 6254 SW 8TH STREET – SUITE 9 MIAMI, FL. 33144

The mailing address of the Corporation shall be:

6254 SW 8TH STREET – SUITE 9 MIAMI, FL 33144

(((1106000006566 3)))

(((1106000006566 3)))

ARTICLE VI

The initial Board of Directors and Shareholders of the Corporation shall be composed by THREE (3) persons, whose names are:

BETTY HERNANDEZ PRESIDENT 40% SHAREHOLDER DIRECTOR 30% SHAREHOLDER AMELIA MESA GILBERTO RIVERO DIRECTOR 30% SHAREHOLDER

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

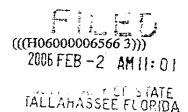
BETTY HERNANDEZ 6254 SW 8TH STREET – SUITE 9 MIAMI, FL. 33144

The undersigned incorporator has executed these Articles of Incorporation and all Members of the Board of Directors are signing below, in the 9TH day of January, 2006.

BETTY HERNANDEZ

AMELIA MESA DIRECTOR

GILBERTO RIVERO



CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the law 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:

G B A HOME HEALTH CARE, INC.

2. The name and street and mailing address of the Registered Agent and office is:

BETTY HERNANDEZ 6254 SW 8TH STREET – SUITE 9 MIAMI, FL. 33144

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.

SIGNATURE:

BETTYHERNANDEZ

DATE: 01/09/06