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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/NON PROFIT CORPORATION

NIEVES NURSING CARE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

NIEVES NURSING CARE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

15542 S.W. 39 STREET, MIRAMAR, FL 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO TRANSACT IN ANY BUSINESS PERMITTED UNDER LAWS OF THE STATE OF FLORIDA AND/OR THE UNITED STATES OF AMERICA

ARTICLE IV SHARES

The number of shares of stock is:

100 SHRS @ \$10.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JANET NIEVES, DP 15542 S.W. 39 STREET, MIRAMAR, FL 33027

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JANET NIEVES 15542 S.W. 39 STREET, MIRAMAR, FL 33027

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

JANET NIEVES 15542 S.W. 39 STREET, MIRAMAR, FL 33027

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Janet Nieves LPN
Signature/Registered Agent
Janet Nieves LPN
Signature/Incorporator

2/3/06
Date
2/3/06
Date