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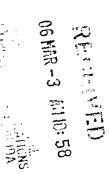
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LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-59	73
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):	
L. CARINA HANDS to (Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
Walk in Pick up time	
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	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

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 1 - NAME

The name of the corporation shall be:

Caring Hands Health Services. Inc.

ARTICLE II - PRINCIPAL OFFICE

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

1651 W. 37st. Unit 400 Higleah, FL 33012-4653

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:

Ofelia M. Ferrer 8856 NW 168LN. Miami Lakes, FL 33018

ARTICLE V - INCORPORATOR

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

Offia M. Ferrer 8856 NW 168LN Miami Lakes, FL 33018

The undersigned incorporator has executed these Articles of Incorporation this day of 200

Signature

ARTICLE VI DIRECTOR(S)

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

Délia M. Ferrer (President)

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 S familiar with and accept the obligations of my position as Registered Agent.

Helia M. Ferrer Registered Agent Signature

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