(Re	questor's Name)	
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LAZARUS CORPORATE FILING SERVICE

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CORPORATION NAME(S) & DOCUMENT	
	ME CARE, INC.
(Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
Walk in Pick up time 2.0	Certified Copy
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NEW FILINGS A	<u>MENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS R	EGISTRATION/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 I - NAME

The name of the corporation shall be:

County wide Home Care, inc

ARTICLE II - PRINCIPAL OFFICE

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

6501 NW 36 Street suite-401 MiAMi-FL 33166 ARTICLE III-SHARES

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

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Khaled ElBeblawy
6501 NW 36 Street Suite-401
MiAMi-FL 33166

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of

Khaled ElBeblawy
650/NW 36 Street - Suite - 40/ MiAMi - FL 33166 The undersigned incorporator has executed these Articles of lncorporation 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):
Khaled ElBeblaux - President
Eulises Escalona - vice 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 actin 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.

Registered Agent Signature

PM 12: 25
SEE, FLORIDA