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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2006 APR 13 A 11:10

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DIVISION OF CORPORATIONS

06 APR 13 PM 12:19

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**LAZARUS  
CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. ATLANTIC CARE, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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**NEW FILINGS**

☒ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

**Examiner's Initials**

ARTICLES OF CORPORATION  
OF  
ATLANTIC CARE, INC.

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2008 APR 13 A 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I - NAME: The name of this corporation is:

ATLANTIC CARE, INC

II - DURATION: This corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida.

III - PURPOSE: This corporation is organized for the purpose of transacting any and all business permitted under the laws of the United States and of the State of Florida.

IV - CAPITAL STOCK: This corporation is authorized to issue -- ONE HUNDRED --- ( 100 ) shares of --- NO --- par value Common stock, which shall be designated "Common Stock".

V - PREEMPTIVE RIGHTS: Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuances of fractional shares) at the price at which it is offered to others.

VI - INITIAL PRINCIPAL OFFICE, MAILING ADDRESS AND INITIAL REGISTERED OFFICE AND AGENT:

The street address of the initial principal and registered office of the Corporation is:

1114 S W 136<sup>TH</sup> PLACE  
MIAMI, FL 33184

and the name of the initial registered agent of this  
Corporation at that address is: MARGARETHE A FORONDA

VII - INITIAL BOARD OF DIRECTORS:

The Corporation shall have - ONE - (01) director(s) initially.  
The number of directors may be either increased or  
diminished from time to time by the bylaws but shall  
never be less than ONE (01).

The name(s) and address(es) of the initially director(s) of  
this Corporation is (are):

MARGARETHE A. FORONDA

1114 S W 136<sup>TH</sup> PLACE  
MIAMI, FL 33184

VIII - INDEMNIFICATION:

The Corporation shall indemnify any officer or director,  
or any former officer or director, to the full extent  
permitted by law.

IX - INCORPORATOR:

The name(s) and address(es) of the person(s) signing these articles is (are):

MARGARETHE A. FORONDA

1114 S W 136<sup>TH</sup> PLACE  
MIAMI, FL 33184

IN WITNESS WHEREOF, the undersigned subscriber(s) has  
(have) executed these articles of incorporation this 8<sup>TH</sup> day  
of        April        2006.

  
\_\_\_\_\_  
Margarethe A. Foronda  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CERTIFICATE OF DESIGNATING PLACE OF BUSINESS OR  
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THE  
STATE OF FLORIDA, NAMING AGENT UPON WHOM SERVICE  
OF PROCESS MAY BE EFFECTIVE.

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In compliance with Section 607.034 of the Florida Statutes, the  
following is submitted:

ATLANTIC CARE, INC.

desiring to organize or qualify under the laws of the State of  
Florida, with its principal place of business in the City of - Miami -  
County of -- Miami-Dade, State of Florida, has named - -  
Margarethe A. Foronda, located at:

1114 S W 136<sup>TH</sup> PLACE  
Miami, FL 33184

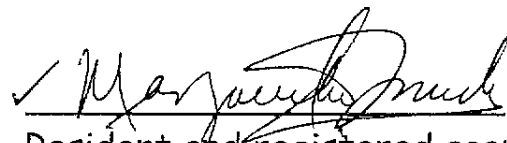
City of ---- Miami --, County of -- Miami-Dade --, State of  
Florida, as its agent to accept service of process within the State  
of Florida.

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## ACKNOWLEDGEMENT

Having been named to accept service of process for the above mentioned Corporation, at the place designated in this Certificate, I hereby agree to act in this capacity, and further agree to comply with the provisions of all Statutes relative to the proper and complete performance of my duties.

Dated this -- 8<sup>th</sup> ----- day of - April -- 2006.

  
Resident and registered agent  
Margarethe A. Foronda

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2006 APR 13 A 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA