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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

TALLAHASSEE, FLORIDA
06 MAY -2 AM 9:19

FLORIDA PROFIT/NON PROFIT CORPORATION

LIBERTAD HOME CARE SERVICE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	$78.75

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J. Shivers MAY 03 2006

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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:

LIBERTAD HOME CARE SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4000 N.W. 7 STREET #7
MIAMI, FL 33125

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

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

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES @ 10.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LIBERTAD TRUJILLO VALDES, DP
4000 N.W. 7 STREET # 7 MIAMI, FL 33125

ARTICLE VI REGISTERED AGENT

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

LIBERTAD TRUJILLO VALDES
4000 N.W. 7 STREET # 7 MIAMI, FL 33125

ARTICLE VII INCORPORATOR

The **name and address** of the incorporator is:

LIBERTAD TRUJILLO VALDES
4000 N.W. 7 STREET # 7 MIAMI, FL 33125

****

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

Signature/Registered Agent — 05/02/2006 Date

Signature/Incorporator — 05/02/2006 Date