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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : JIM SIERRA & ASSOCIATES
Account Number : 110677000356
Phone : (305)271-7310
Fax Number : (305)271-4422

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

CALVINELLE CARE CONCEPT, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

- OF -

CALVINELLE CARE CONCEPT, INC.

We, The UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

ARTICLE I

The name of this corporation shall be:

CALVINELLE CARE CONCEPT, INC.

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE III

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any time is ONE HUNDRED (100) shares of common stock, having a par value of ONE DOLLAR (\$1.00) PER SHARE.

ARTICLE IV

The amount of capital with which this corporation will begin business shall be the sum of not less than ONE HUNDRED (\$100.00) DOLLARS.

Prepared by:
JIM SIERRA & ASSOCIATES
5550 SW 87TH AVENUE
MIAMI, FL 33165
TEL. (305) 271-7310
FAX. (305) 271-4422

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ARTICLE V

This corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE VI

The initial street address of the principal office of the corporation shall be:

19151 SW 15TH STREET
PEMBROKE PINES, FL 33029

ARTICLE VII

The number of Directors of this corporation shall be at least one (1) and no more than five (5).

ARTICLE VIII

The name and street address of the member(s) of the first Board of Directors of this corporation is as follows:

GAYON D. DUNN
PRES/VICE-PRES/SEC/TREAS
19151 SW 15TH STREET
PEMBROKE PINES, FL 33029

ARTICLE IX

The name and street address of the person(s) signing these Articles of Incorporation as subscriber is as follows:

GAYON D. DUNN
19151 SW 15TH STREET
PEMBROKE PINES, FL 33029

FROM : JIM SIERRA & ASSOC

FAX NO. : 305-271-4422

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ARTICLE X

The corporate existence of this corporation shall begin on the date the Articles of Incorporation are filed of record.

IN WITNESS WHEREOF, the undersigned, GAYON D. DUNN, being natural person(s), competent to contract, has here unto set his/their hands and seal this 17TH day of MAY, 2006.


GAYON D. DUNN
PRESIDENT

Prepared by:
JIM SIERRA & ASSOCIATES
3550 SW 87TH AVENUE
MIAMI, FL 33165
TEL. (305) 271-7310
FAX. (305) 271-4422

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**STATE OF FLORIDA S.S.
COUNTY OF MIAMI-DADE**

BEFORE ME, the undersigned Notary Public of the State of Florida personally appeared GAYON D. DUNN, known and known to me, to be the person(s) described herein and who executed the foregoing Articles of Incorporation, and he/she/they acknowledged before me that he/she/they executed the same freely and voluntarily for the purpose therein expressed.

WITNESS my hand and official seal this 17TH day of MAY, 2006.



JIM SIERRA
Notary Public

My commission expires:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

IN COMPLIANCE WITH SECTION 607.325, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

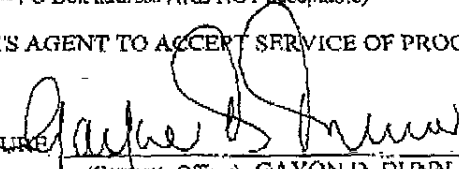
FIRST THAT: CALVINELLE CARE CONCEPT, INC.

WITH ITS PLACE OF BUSINESS AT: 19151 SW 15TH STREET PEMBROKE PINES, FL 33029

HAS NAMED GAYON D. DUNN
(Name of Registered Agent)

LOCATED AT: 19151 SW 15TH STREET PEMBROKE PINES, FL 33029
(Street address and number of building - PO Box address ARE NOT acceptable)

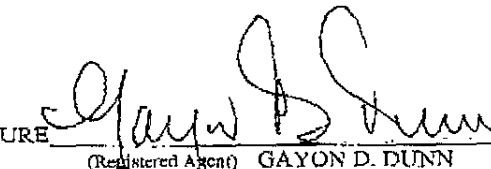
CITY OF BROWARD, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN
FLORIDA.

SIGNATURE 
(Corporate Officer) GAYON D. DUNN

TITLE: PRESIDENT

DATE: MAY 17, 2006

I, HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE 
(Registered Agent) GAYON D. DUNN

DATE: MAY 17, 2006

Prepared by:
JIM SIERRA & ASSOCIATES
5550 SW 87TH AVENUE
MIAMI, FL 33165
TEL (305) 271-7310
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