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Division of Corporations

Fax Number : (850)205-0381

Account Name : EMPIRE CORPORATE KIT COMPANY

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FLORIDA PROFIT/NON PROFIT CORPORATION

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SECRETARY OF STATE TALLAHASSEE FLORIDA

OF

SENIOR SOLUTIONS SPECIALISTS OF SOUTH FLORIDA INC.

WIINESSETH:

ARTICLE I NAME

The name of the corporation shall be:

SENIOR SOLUTIONS SPECIALISTS OF SOUTH FLORIDA INC.

ARTICLE II PRINCIPAL PLACE OF BUSINESS

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

> Todd Justin 1301 W. Copans Road Bldg, D, Suite 6 Pompano Beach, Fl 33064

ARTICLE 111 DURATION

This Corporation shall have perpetual existence commencing on the date of the filing of these Articles of Incorporation with the Department of State of Florida.

ARTICLE IV PURPOSE (S)

This Corporation is organized for the purposes of transacting any and all lawful business.

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ARTICLE V CAPITAL STOCK

This Corporation is authorized to issue 1,000 shares of \$1.00 par value common stock.

ARTICLE VI QUORUM FOR STOCKHOLDERS MEETINGS

Unless otherwise provided for in the Corporation's Bylaws, a majority of the shares entitled to vote, represented in person or by proxy, shall be required to constitute a quorum at a meeting of shareholders.

ARTICLE VII LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617.0302, Florida statutes, unless limited as follows:

No limitations

ARTICLE VIII

The name and the street address of the initial registered agent is:

Todd Justin 1301 W. Copans Road Bldg. D. Suite 6 Pompano Beach, Fl 33064

ARTICLE IX INCORPORATORS

The name and street address of the incorporator for these articles of incorporation

Todd Justin 1301 W. Copans Road Bldg. D, Suite 6 Pompano Beach, Fl 33064

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ARTICLE X INITIAL BOARD OF DIRECTORS

SECRETARY OF STATE TALL AHASSEE FLORIDA

This Corporation shall have four directors initially. The number of directors may be either increased or diminished from time to time in the manner provided in the Bylaws, but shall never be less than One. The name and address of the initial Directors of the corporation are as follows:

ARTICLE XI INDEMNIFICATION

The Corporation shall indemnify its officers, directors and authorized agents for all liabilities incurred directly, indirectly or incidentally to services performed for the Corporation, to the fullest extent permitted under Florida law existing now or hereinafter enacted.

ARTICLE XII LIMITATION ON SHAREHOLDERS SUITS

Shareholders shall not have a cause of action against the Company's Officers. Directors or agents as a result of any action taken, or as a result of their failure to take any action, unless deprivation of such right is deemed a nullity because, in the specific case, deprivation of a right of action would be impermissible in conflict with the public policy of the State of Florida. The fact that this Article shall be inapplicable in certain circumstances shall not render it inapplicable in any other circumstances and the Courts of the State of Florida are hereby granted the specific authority to restructure this Article, on a case by case basis or generally, as required to most fully give legal effect to its intent.

The undersigned incorporator(s) has (have) executed these articles of incorporation this 22^{19} day of 4

Signature(s) of the incorporator(s)

Todd Justin

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Todd Justin

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Typed name of incorporator signing

SECRETARY OF STATE TALLAHASSEE FLORIDA

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501, Plorida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation: SENIOR SOLUTIONS SPECIALISTS OF SOUTH FLORIDA INC.
- 2. The name and address of the registered agent and office is:

Todd Justin
1301 W. Copans Road
Bldg. D. Suite 6
Pompano Beach, Florida 33064

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HERBEY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE:

Todd Justin

DATE:

5/22/06

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