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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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CORPORATION NAME(S) & DOCUMEN	T NUMBER(S), (if known):
1. SOUTH FLORIDA HO	ME CARE GROUP CORP
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	Photocopy
OTHER FILINGS Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

South Florida Home Care Group Corp.

ARTICLE II - PRINCIPAL OFFICE

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

1900 CORAL WAY SUITE ZO1 MAMI, FL 33145.

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 4∞

<u>ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and address of the initial registered agent is:

YVONNE MURILLO.
1900 CURAL WAY
SUITE ZOI.
MAMI, FL 35145

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ARTICLE V - INCORPORATOR

The name and stre	eet address of the incorporator to these Articles of
Incorporation is:	YVDNNE MUTILLO
,	CRISTOBAL Martinez

Igo CORAL WAY .

SUITE ZO1 MARILY TO 33145.

The undersigned incorporator has executed these Articles of Incorporation this day of 2006.

Signature

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

- YVONUE MURILLO. (President)
- CRISTOBAL MARTINEZ (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 act in 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