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RPORATION NAME(S) & DOCU	UMENT NUMBER(S), (if known):
COSTA HOME CA	PRE INC
(Corporation Name)	(Document #)
	e,
(Corporation Name)	(Document #)
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(Corporation Name)	· (Document #)
(Corporation Name)	(Document #)
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Walk in Pick up time Mail out Will wait EW FILINGS Profit Not for Profit Limited Liability Domestication	Photocopy Certificate of Star AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal

Examiner's Initials

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 1 - NAME

The name of the corporation shall be:

Costa Home Care INC

TALLAHASSEE, FLORID

ARTICLE II - PRINCIPAL OFFICE

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

6555 N.W. 3657. Suite 106 Miami, Fl. 33166

ARTICLE III - SHARES

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

100

ARTICLES IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Hilda Esther CosTa 1000 Colony Point Cir. #516 Pembroke Pines, Fl. 33026

ARTICLE V - INCORPORATOR

The name and str	eet address	of the	incorporator	to these	Articles of
Incorporation is:	Hi/da	E.	Costa		
			1. Ct #	106	

6555 N.W. 3651. #106 Miami, Fl. 33166

The undersigned incorporator has executed these Articles of Incorporation this / day of 645 V s T 2006.

Tieda I. Ossta Signature

ARTICLE VI- DIRECTOR (S)

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

PRESident.

Hilda Esther CosTa

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