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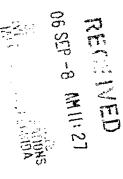
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# LAZARUS CORPORATE FILING SERVICE

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MIAMI, FL 33165 (305) 552-5973 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time 2.00 Certified Copy Mail out Will wait Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment ■ Not for Prefit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other Examiner's Initials CR2E031(7/97)

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### 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

Allied Home Health Care Corp.

## **ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing of this corporation shall

7221 Coral Way SUITE 209 HIAMI FL 33155.

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

#### ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Misael Cabanas 7221 Coral Way Suite 209 Hismi Fl 33155.

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2006.

#### ARTICLE V - INCORPORATOR

The name and street incorporation is:  MISARL	Cabanas Hiami FL 33155.
The undersigned in	corporator has executed these Articles of

day of

Incorporation this

#### **ARTICLE VI- DIRECTOR (S)**

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

Pisael Cabanas President
7221 Coral Way suite 209
Hiami FL 33155.

# **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.