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**Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

ELIVER & TWINS HOME HEALTH CORP.

Certificate of Status	0
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September 20, 2006

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: ELIVER & TWINS HOME HEALTH CORP.
REF: W06000041300

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock.

We need the total amount of shares not the percentage. You do not have to list how they are divided.

If you have any further questions concerning your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist
New Filing Section

FAX Aud. #: H06000231322
Letter Number: 306A00056287

P.O BOX 6327 - Tallahassee, Florida 32314

((H06000231322))

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

ELIVER & TWINS HOME HEALTH CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5782 WEST FLAGLER STREET
MIAMI-FLORIDA 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

ELIO H REYES 25%

VERONICA SANCHEZ 75%

SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ELIO H REYES 10203 SW 2 STREET MIAMI- FL 33174 /P

VERONICA SANCHEZ 10203 SW 2 STREET MIAMI-FL33174 / VPS1

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

VERONICA SANCHEZ

10203 SW 2 STREET

MIAMI-FL 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

VERONICA SANCHEZ

10203 SW 2 STREET

MIAMI-FLORIDA 33174

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent



Signature/Incorporator

09/18/06

Date

09/18/06

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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