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Florida Department of State  
Division of Corporations  
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Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
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FLORIDA PROFIT/NON PROFIT CORPORATION

ELIVER & TWINS HOME HEALTH CORP.

Certificate of Status	0
Certified Copy	1
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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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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