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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : XIOMARA LEE, P.A.
Account Number : 120040000008
Phone : (305)262-2323
Fax Number : (305)262-2324

FLORIDA PROFIT/NON PROFIT CORPORATION

BETTER DAYS HOME HEALTH CARE SERVICES INC.

Certificate of Status	1
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Estimated Charge	\$87.50

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ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be:

BETTER DAYS HOME HEALTH CARE SERVICES INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2460 SW 137TH AVE SUITE 248-249
MIAMI, FL 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARFA ABELEDO (PRESIDENT/DIRECTOR)	TILDO JESUS MENESES (VICEPRESIDENT/DIRECTOR)
2460 SW 137TH AVE SUITE 248-249	2460 SW 137TH AVE SUITE 248-249
MIAMI, FL 33175	MIAMI, FL 33175
(50% OF SHARES)	(30% OF SHARES)

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MARFA ABELEDO
2460 SW 137TH AVE SUITE 248-249
MIAMI, FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARFA ABELEDO
2460 SW 137TH AVE SUITE 248-249
MIAMI, FL 33175

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

Signature/Registered Agent

11/07/2006

Date

Signature/Incorporator

11/07/2006

Date

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