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LAZARUS CORPORATE FILING SERVICE

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Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): , (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Walk in Certified Copy Mail out Photocopy Certificate of Status NEW FILINGS **AMENDMENTS** Profit Amendment Not for Profit. 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

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 L- NAME

The name of the corporation shall be:

EYLD Nursing Services, Corp.

ARTICLE 11 - PRINCIPAL OFFICE

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SECRETARY OF STATE
ALLAHASSEF, FIGRITIA

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

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:

DOMINGO Luis 5780 W 17 CT Hialeah, FL, 33012

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of incorporation is:

DomiNGO Luis 5780 W17CT Hialeah, FL, 33012

The undersigned incorporator has executed these Articles of incorporation this 5 day of January 20

-Signature

ARTICLE VI- DIRECTOR(S)

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

Domingo Luis (President) Vaniry C. Camacho (Vice - President)

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