

J 1/29/07

**LAZARUS**  
**CORPORATE FILING SERVICE**  
**3320 SW 87<sup>TH</sup> AVENUE**  
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07 JAN 26 PM 1:24  
TALLAHASSEE, FLORIDA

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

- 1. Angelica Health services inc  
(Corporation Name) (Document #)
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in      ☒ Pick up time 2.00      ☒ Certified Copy
- ☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

**NEW FILINGS**

- ☒ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

ARTICLES OF INCORPORATION  
OF

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Angelica Health Services Inc SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) Competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I  
CORPORATION NAME

The corporation's name shall be: Angelica Health Services Inc

ARTICLE II  
DURATION

The corporation shall exist perpetually unless dissolved according to Florida Laws.

ARTICLE III  
PURPOSE

The corporation is organized for the purpose of engaging in any activity of business Permitted under the laws of the United States and the State of Florida.

ARTICLE IV  
CAPITAL STOCK

The corporation is authorized to issue one hundred (100) shares of five dollars (\$ 5.00 ) par value Common Stock, which shall be designated as "Common Shares".

ARTICLE V  
PLACE OF BUSINESS

The principal place of business of said corporation shall be:

15675 Sw 9 Lane  
Miami FL 33194

**ARTICLE VI**  
**NUMBER OF DIRECTORS**

The number of Directors of this corporation, shall be no less than one (1) nor more than fifteen (15).

**ARTICLE VII**  
**BOARD OF DIRECTORS**

The name and addresses of the first Board of Directors of this Corporation who shall hold office initially, are as follows:

NAME Laiza B Labrada  
ADDRESS 15675 SW 9 Lane  
CITY Miami STATE FL ZC 33194

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZC \_\_\_\_\_


**ARTICLE VIII**  
**INCORPORATORS**

The name and addresses of the incorporators signing these Articles of Incorporation, are as follows:

NAME Laiza B Labrada TITLE Pres/Dir  
ADDRESS 15675 SW 9 Lane  
CITY Miami STATE FL ZC 33194

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZC \_\_\_\_\_

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation, this 24 day of January of 2007

 (Seal)

\_\_\_\_\_  
(Seal)

STATE OF FLORIDA       )  
                                  )     SS  
COUNTY OF DADE       )

Before me, a Notary Public authorized to take acknowledgement in the State and County set for above, personally appeared:

Larza B Labrada

Known to me and known to be the person (s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that she executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and county aforesaid, this 24 day of January of 2007.

*[Signature]*

Notary Public  
State of Florida at Large



**CERTIFICATE OF REGISTERED AGENT**

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**OF**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Angelica Health Services Inc

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted,  
in compliance with said Act:

**FIRST:** That Angelica Health Services Inc desiring to  
organize under the laws of the State of Florida with its principal office as indicated  
in the articles of incorporation at the City of Miami, County of Dade, State  
of Florida, has named:

Mr/Ms Laiza B Labrada  
Located at 15875 SW 9 Lane  
City of Miami County of Dade  
State of FL

At its Agent to accept service of process within this State.

**ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process  
for the above stated corporation at the place designated in this certificate, and being  
familiar with the obligations of that position. I hereby accept to act in this capacity,  
and agree to comply with the provisions of Florida Law in keeping open said office.

  
Registered Agent