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CORPORATION NAME(S) & DOC	UMENT NUMBER(S), (if known):
. Angelica Hy	ealth services inc
J (Corporation Name)	(Document #)
2.	
(Corporation Name)	(Decument #)
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- CR2E031(7/97)	·

ARTICLES OF INCORPORATION			ED
OF	07	JAN 26	PN 1: 24
Angelica Health Barricas Inc	GEO Tall	BTTZ-colo AHASSet	r IATE
The undersigned subscriber(s) to these Articles of Incorporation Competent to contract, hereby form a corporation under the law Florida.	n, na	tural per	son(s)
ARTICLE I CORPORATION NAME			

<u> </u>	W ONE HANDITA	ZALVALA		
The corporation's name shall be:	Angelica	Health	Sarvicas	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 <u>one hundred</u> (100) shares of <u>five dollars</u> (\$ 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	200	9	Lane	
Mami		E	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).

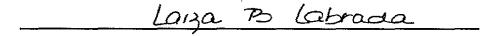
ARTICLE VII BOARD OF DIRECTORS

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

	•	SIAIE_R_ LC 33194	•
	NAME		
	ADDRESS		
	CITY	STATE ZC	_
	·	CLE VIII	
		PORATORS	
The name and add	resses of the incorpora	ators signing these Articles of	
Incorporation, are	as follows:		
	1 - 11		
NAME	Laiza B lob	rada TITLE Pres/Dir	_
ADDRESS	15675 SW 9	lane	
CITY <u>M</u> 7	ami State	rada TITLE Pres/Dir Cane E ZC 33194	-
NA BATH		EEXXXE	
NAME			
ADDRESS _	STATE	7.0	
ADDRESS _ CITY	STATE_	TITLEZC	<u> </u>
		zczc ned subscriber (s) have execu- y of <u>fanciary</u> of	
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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:



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

Notary Public State of Florida at Large



FILED

CERTIFICATE OF REGISTERED AGENT

07 JAN 26 PH 1: 24

OF
LEGRETHMO OF STATE
TALLAHASSEE, FLORIDA
Angelica Klealth Services Zgc

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

FIRST: That Angelica Okalin 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 Lacle. State of Horida, has named:

Mr/Ms Laiza B Labrada

Located at 15875 Sul 9 Lane

City of Miami County of Doce

State of E

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