

FROM : LAZARUS
Division of Corporations

FAX NO : (305) 220-1440

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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION

HUMANITY HOME HEALTH, INC.

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FROM : LAZARUS

FAX NO. : 3052201440

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION

The undersigned Incorporates(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

HUMANITY HOME HEALTH, INC.

ARTICLE II PRINCIPAL OFFICE

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

7950 S.W. 19 STREET
MIAMI, FL. 33155

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares of stock at \$5.00 each.

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ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ileana Contreras
7950 S.W. 19 ST.
Miami Fl. 33155

ARTICLE V INCORPORATOR(s)

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

Ileana Contreras
7950 S.W. 19 St. Miami Fl. 33155

Jose R. Gonzalez
7950 S.W. 19 St Miami Fl. 33155

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

Ileana Contreras, President
7950 S.W. 19 St. Miami Fl. 33155

Jose R. Gonzalez - Vice-President
7950 S.W. 19 St. Miami Fl. 33155

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FROM : LAZARUS

FAX NO. : 3052201440

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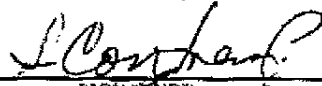
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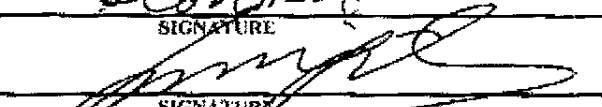
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The undersigned incorporates(s) has (have) executed these Articles of Incorporation this January 30, 2007

President:


SIGNATURE

Vice-President:


SIGNATURE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE RESIGNATED 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

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