

PO7000018899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

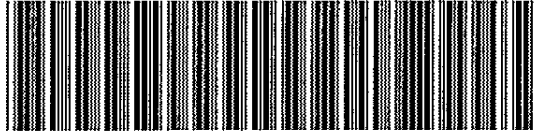
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED
07 FEB -9 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Pines Home Healthcare Solutions Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Andres Serna
Name (Printed or typed)

2880 Evergreen Way
Address

Cooper City FL 33026
City, State & Zip

(954) 445-3865
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

**ARTICLE OF INCORPORATION
OF
PINES HOME HEALTHCARE SOLUTIONS,
INC.**

The undersigned incorporator, for the purpose of forming a Corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation shall be:

PINES HOME HEALTHCARE SOLUTIONS, INC.

ARTICLE II: PRINCIPAL OFFICE

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

2880 Evergreen Way
Cooper City, Florida 33026

ARTICLE III: PURPOSE

The purpose for which the corporation is organized is to provide home health care services.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

ARTICLE IV: CAPITAL STOCK

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

10,000 (Ten Thousand) Shares Common Stock

**ARTICLE V: INITIAL CORPORATE
OFFICER**

The initial corporate officer shall be:

Andres Serna

President

**ARTICLE VI: INITIAL REGISTERED AGENT
AND ADDRESS**

The name and address of the initial registered agent is:

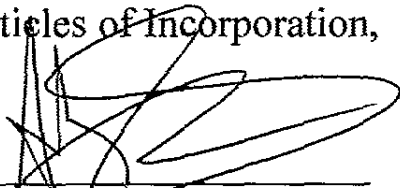
Andres Serna
151 N.E. 16th Avenue
Apt. # 162
Fort Lauderdale, Florida 33301

ARTICLE VII: INCORPORATOR

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

Andres Serna
151 N.E. 16th Avenue
Apt. # 162
Fort Lauderdale, Florida 33301

The undersigned has executed these Articles of Incorporation,
This 7th Day of February 2007.



Incorporator

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED
OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607,0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

PINES HOME HEALTHCARE SOLUTIONS, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

ANDRES SERNA
151 N.E. 16th AVENUE
APT. # 162
FORT LAUDERDALE, FLORIDA 33301


SIGNATURE
TITLE: PRESIDENT
DATE: February 7, 2007

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AND
FILED
07 FEB -9 PM 2 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.


SIGNATURE
DATE: February 7, 2007