

P07000028089

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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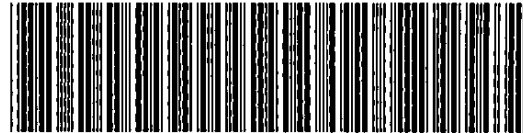
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07 MAR -2 12:3307 MAR -2 AM 10:48  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

3/5/07

**LAZARUS  
CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**

**FILED**

**07 MAR -2 PM 12:33**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Office Use Only

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

1. ONE LIFE HEALTH CARE, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in  
☐ Mail out

☒ Pick up time 2.00  
☐ Will wait

☐ Photocopy

☒ Certified Copy  
☐ 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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 I - NAME

The name of the corporation shall be:

One Life Health Care, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

2550 NW 72 Ave Suite 109  
Miami FL 33122

ARTICLE III - SHARES

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

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MAYLEIDYS Mendez  
2550 NW 72 Ave, Suite 109  
Miami FL 33122

ARTICLE V - INCORPORATOR

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The name and street address of the incorporator to these Articles of  
Incorporation is: SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mayleidy's Mendez  
2550 NW 72 Ave, Suite 109  
Miami FL 33122

The undersigned incorporator has executed these Articles of  
Incorporation this 1<sup>ST</sup> day of MARCH 2007

  
Signature

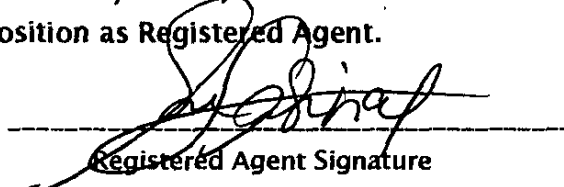
ARTICLE VI- DIRECTOR(S)

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

Mayleidy's Mendez (P)  
2550 NW 72 Ave, Suite 109  
Miami FL 33122

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