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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION**SILVA HOME HEALTH SERVICE CORPORATION**

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

SILVA HOME HEALTH SERVICE CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8730 S.W. 133 AVENUE RD #215, MIAMI, FL 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN BUSINESS PERMITTED UNDER THE LAWS OF THE STATE OF FLORIDA
AND/OR THE UNITED STATES

ARTICLE IV SHARES

The number of shares of stock is:

100 @ 10.00 PAR VALUE EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MANUEL SILVA, RN DIRECTOR & PRESIDENT 8750 S.W. 133 AVE RD #215, MIAMI FL 33183

ARIANY CAPOTE SECRETARY 8750 S.W. 133 AVE RD #215, MIAMI, FL 33183

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

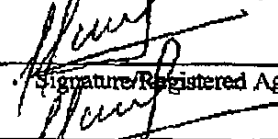
MANUEL SILVA, RN 8750 S.W. 133 AVENUE RD #215, MIAMI, FL 33183

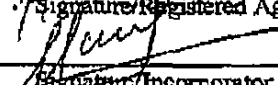
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MANUEL SILVA, RN 8750 S.W. 133 AVE RD #215, MIAMI, FL 33183

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent


Signature/Incorporator

03/15/2007

Date

03/15/2007

Date

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