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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

WOM 16574

COVER LETTER

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

SUBJECT:	DIVINITY CARE, INC.			
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
,			,	
	•	,		
Enclosed are an origina	al and one (1) copy of the artic	cles of incorporation an	d a check for:	
\$70.00	x \$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee	\		
r ming ree	& Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy	
	a certificate of otatas	d derance dopy	& Certificate of	
			Status	
	ADDITIONAL COPY REQUIRED			
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FROM:	CLIET	ON H. DODDIOUEZ CDA S	<u> </u>	
. 110W	Name (Printed or typed)			
	$\pi_{\mathbf{O}}$			
	3146 NW 68TH STREET			
	Address			
			26 TE ADA	
,	FORT LAUDERDALE, FLORIDA 33309-1206			
_	City, State & Zip			
	•		•	
*****	(954)969-9380			
	Daytime Telephone number			

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

ARTICLES OF INCORPORATION

For

FILED

Divinity Care, Inc.

2007 MAR 30 A 10: 26

TALLAHASSEE, FLORIDA Business Corporation Act, hereby adopts the following Articles of Incorporation:

Article I-Name of the Corporation

The name of the corporation shall be:

Divinity Care, Inc.

Article II-Nature or Purpose of the Business

The purpose of the corporation is to engage in any lawful activity permitted by the laws of this state. The corporation will provide residential and well care services for the disabled, wards, or charges of the State of Florida in the Tri-County area, the State of Florida, and the United States. The corporation will comply with any professional regulations imposed by state agencies within the State of Florida as well.

Article III-Principal Office

The initial principal business mailing address of this corporation shall be:

c/o Clifton H. Rodriquez, CPA, PA 3146 NW 68th Street, Ste. No.1 Fort Lauderdale, Florida 33309-1206

Article IV-Number of Shares Authorized

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

One Thousand (1000)

(The par value of the corporation common stock will be \$1.00) Constance McFadden will own one hundred percent (100%) of the outstanding shares of the corporation.

Article V-Initial Registered Agent

The name and address of the initial registered agent is:

Constance McFadden 1632 NW 11th Circle Pompano Beach, Florida 33069

ARTICLES OF INCORPORATION

For

FILED

Divinity Care, Inc.

2001 MAR 30 A 10: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Article VI-Subscriber (s)

Constance McFadden 1632 NW 11th Circle Pompano Beach, Florida 33069

The undersigned incorporator(s) has executed these Articles of Incorporation this

23rd day of March, 2007

Article VI: Perpetual Life of the Corporation

The corporation shall exist perpetually, or until such time that the Board of Directors and/or shareholder(s) decide to dissolve the corporation.

Article VII-Appointment of Officers & Directors

The subscriber(s) of this corporation has appointed the following officers and directors of the corporations. These officers and directors will serve in accordance with the bylaws of the corporation:

	<u>Name</u>	Address	<u>Title</u>
1.	Constance McFadden	1632 NW 11 th Circle Pompano Beach, FL 33069	President/CEO/Chairperson Board of Directors
2.	Lameka Johnson	1632 NW 11 th Circle Pompano Beach, FL 33069	. Exe.VP/Treasurer/Director
3.	Clifton H. Rodriquez, CPA	3146 NW 68 Street Ft. Lauderdale, FL 33309	Board Advisor/Ex-Officio member

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

2007 MAR 30 A 10: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the corporation is: **Divinity Care, Inc.**
- 2. The name and address of the registered agent and office are as follows:

Constance McFadden 1632 NW 11th Circle Pompano Beach, Florida 33069

Having been named as registered agent and to accept service 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 obligation of my position as registered agent.