

Division of Corporations

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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 : ARES & COMPANY, C.P.A., P.A.
Account Number : I20000000268
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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION**SOUTH FLORIDA BEST CARE, INC.**

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ARTICLES OF INCORPORATION
OF
SOUTH FLORIDA BEST CARE, INC.

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

SOUTH FLORIDA BEST CARE, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purpose proposed to be transacted and carried on by this corporation are to do any and all of the things, as fully and to the same extent as natural persons might do, viz:

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Transact any and all lawful business.

- (1) Said corporation shall further have powers:
To have perpetual succession by its corporate name,

SOUTH FLORIDA BEST CARE, INC.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of US\$10.00. Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The name and street address of the initial Registered Agent of this corporation shall be:

**RAMON LOPEZ
5900 W 20TH AVE. SUITE I
HIALEAH, FL. 33016**

The principal office and mailing address shall be:

**5900 W 20TH AVE. SUITE I
HIALEAH, FL. 33016**

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ARTICLE VI

The initial Board of Directors and Shareholders shall be composed by TWO (2) persons, whose names and addresses are:

RAMON LOPEZ - PRESIDENT - 50% SHAREHOLDER
2761-4TH AVE NE
NAPLES, FL. 34120


NIVALDO L. SOSA - VICE-PRESIDENT - 50% SHAREHOLDER
7237 W 29TH LANE
HIALEAH, FL. 33018

The names and addresses of the incorporators executing these Articles of Incorporation are:

RAMON LOPEZ & NIVALDO L. SOSA
PRESIDENT & VICE-PRESIDENT

IN WITNESS WHEREOF, the undersigned incorporators have executed these Articles of Incorporation this 1st day of June, 2007


RAMON LOPEZ
INCORPORATOR


NIVALDO L. SOSA
INCORPORATOR

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the law 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:

SOUTH FLORIDA BEST CARE, INC.

2. The name and address of the Registered Agent and office is:

RAMON LOPEZ
5900 W 20TH AVE. SUITE 1
HIALEAH, FL. 33016

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: _____

RAMON LOPEZ

DATE: 06/01/2007

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