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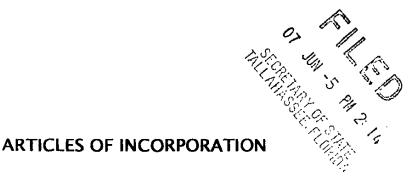
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CORPORATION NAME(S) & DO	OCUMENT NUMBER(S), (if known):	
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OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report	Foreign	
Fictitious Name	Limited Partnership	
	Reinstatement	
·	Trademark	
	Other	
CR2E031(7/97)	Examiner's Initials	



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: Helping Hands Home Health Corp

ARTICLE II - PRINCIPAL OFFICE

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

2301 N.W. 7th Street, Suite C; Mianni, FL 33125

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Carlos Castillo 824 E MOWRY Dr #1208 HDMESTEAD, FL 33030

<u>ARTICLE V - INCORPORATOR</u>

The name and street address of the incorporator to these Articles of
Incorporation is: Carlos Castillo
824 E MowRy Dr #1208
824 E Mowry Dr #1208 Homestend, FL 33030
The undersigned incorporator has executed these Articles of
Incorporation this 04 day of June, 2007
Oalos C
Signature
ARTICLE VI- DIRECTOR(S)
The name(s) and street address (es) of the director(s) to these Articles of
Incorporation is (are): Caclos Castillo (President)
824 E Mowry Dr # 1208 Homestead, FC 33030
Homestead, FL 33030

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