| (Requestor's Name)      |                   |  |
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| (Cit                    | ty/State/Zip/Phon | e #)                                   |
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| PICK-UP                 | WAIT              | MAIL                                   |
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| (Bu                     | siness Entity Nar | me)                                    |
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| Carrier 10              | o de la           |  |
| Certified Copies        | _ Certificates    | s of Status                            |
|                         |                   |  |
| Special Instructions to | Filing Officer:   | •                                      |
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## TRANSMITTAL LETTER

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

07 JUL -5 PM 1:44

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

3

| SUBJECT:                               | HOME CARING SOLUTIONS, INC.      |  |                         |  |
|--|----------------------------------|--|-------------------------|--|
|  | (PROPOSED CORPORA                | ATE NAME – <u>MUST INCL</u>                          | UDE SUFFIX)             |  |
| Enclosed are an orig                   | inal and one (1) copy of the art | icles of incorporation and                           | l a check for:          |  |
| \$70.00 Filing Fee                     | <ul><li></li></ul>               | □ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | & Certificate of Status |  |
| FROM:                                  | FROM: LUISA VALENZUELA, R        |  | GENT                    |  |
| 1267 SW 46TH AVENUE SUITE 2302 Address |                                  |  |                         |  |
| -                                      |                                  | EACH, FL. 33069<br>, State & Zip                     |                         |  |
| -                                      | •                                | )929-6015<br>Felephone number                        |                         |  |

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

# SECRETARY OF STATE DIVISION OF CORPORATIONS

# Articles of Incorporation;

07 JUL -5 PH 1:44

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

### **FIRST**

The name of the corporation is: HOME CARING SOLUTIONS, INC.

#### **SECOND**

The period of its duration is Indefinite.

#### **THIRD**

The purpose of the corporation is: Janitorial Property Maintenance

#### FOURTH

The aggregate number of authorized shares is 200 shares Par-Value \$5.00

#### FIFTH

The corporation will not commence business until at least One Thousand (\$1,000.) Dollars have been received by it as consideration for the issuance of Shares.

#### SIXTH

Cumulative Voting of shares of stock are authorized.

#### SEVENTH

Provisions Limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are: Approved by both the Stockholders and Board of Directors.

#### **EIGHT**

Provisions for regulating the internal affairs of the corporation are The Managing Partners (Corporate Officers) will be responsible for all day to day operation.

#### **NINTH**

The address of the initial Registered Office of the corporation is: 1267 SW 46<sup>TH</sup> Avenue Suite 2302 Pompano Beach, Florida 33069 and the name of it's initial Registered Agent at such address is:

Luisa Valenzuela

#### **TENTH**

Address of the principal place of business is: 1267 SW 46<sup>TH</sup> Avenue Suite 2302 Pompano Beach, Florida 33069

#### **ELEVENTH**

The number of directors constituting the initial board of directors of the corporation is ONE, and the names and address of the persons who are to serve as directors until the first annual meeting of the Shareholders or until their successors are elected and shall qualify are:

| <u>NAME</u> | <u>ADDRESS</u> |
|-------------|----------------|
|-------------|----------------|

\* Luisa Valenzuela Pres./ Treas. 1267 SW 46<sup>TH</sup> Avenue Suite 2302 Pompano Beach, Fl. 33069

\* Daniel E. Valenzuela Vic./Secret. 1267 SW 46<sup>TH</sup> Avenue Suite 2302 Pompano Beach, Fl. 33069

#### **TWELFTH**

The name and address of each incorporator is:

<u>NAME</u> <u>ADDRESS</u>

\* Luisa Valenzuela Pres./ Treas. 1267 SW 46<sup>TH</sup> Avenue Suite 2302 Pompano Beach, Fl. 33069

\* Daniel E. Valenzuela Vic./Secret. 1267 SW 46<sup>TH</sup> Avenue Suite 2302 Pompano Beach, Fl. 33069

Date: June 26, 2007

Luka Valenzuela, Incorporator

Daniel E. Valenzuela, Incorporator

Having been named as Registered Agent and to accept services of process for the 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, my position as Registered Agent.

kuisa Valenzuela, Registered Agent

07 JUL -5 PM 1:44