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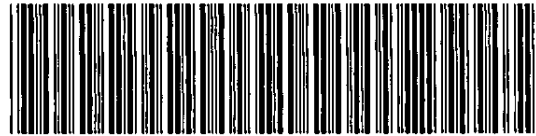
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LAZARUS
CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

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TALLAHASSEE, FLORIDA

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. YOUR HOME CARE ALC, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2.00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

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ARTICLES OF INCORPORATION OF
YOUR HOME CARE ALF, INC.

07 AUG 10 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this Corporation is YOUR HOME CARE ALF, INC. the street address for this Corporation is 515 N.W. 48TH STREET MIAMI, FL 33127.

ARTICLE II - PURPOSE

This Corporation shall have perpetual existence and may engage in any and all lawful business under the laws of the United State of Florida.

ARTICLE III - CAPITAL STOCK

This Corporation is authorized to issue 100 shares of one dollar (\$1.00) par value common stock.

ARTICLE IV - PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash or any new common stock of this Corporation, shall have the right to purchase their pro rata share (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Corporation is 515 N.W. 48TH STREET MIAMI, FL 33127 and the name of the initial registered agent of this Corporation at such address is: NILDA M EXPOSITO.

ARTICLE VI - INITIAL BOARD OF DIRECTOR

This Corporation shall have one director initially. The number of directors may be either increased from time to time by the by-laws, but shall never be less than one(1). The initial director of this Corporation is:

NILDA M. EXPOSITO

ARTICLE VII - INCORPORATOR

The name and address of the person signing this Article is:

NILDA M. EXPOSITO
515 N.W. 48TH STREET
MIAMI, FL 33127

ARTICLE VIII - INDEMNIFICATION

The Corporation shall indemnify any officer or director, or any former officers or directors to the full extent permitted by law.

ARTICLE IX - BY - LAWS

The power to adopt, alter, amend or repeal by-laws shall be vested in the Board of Directors and the Shareholders.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 9TH day of AUGUST 2007.



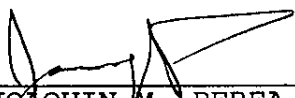
NILDA M. EXPOSITO
INCORPORATOR

STATE OF FLORIDA)

COUNTY OF DADE)

BEFORE ME, a notary public authorized to take acknowledgments in the State and County set forth above, personally appeared NILDA M. EXPOSITO, known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and she acknowledged before me that he executed same.

IN WITNESS WHEREOF, I have hereunder set my hand and affixed my official seal, in the State and County aforesaid this 9TH day of AUGUST 2007.



JOAQUIN M. PEREA SR.
NOTARY PUBLIC STATE OF
FLORIDA

My Commission Expires:



Joaquin M Perea
My Commission DD244978
Expires October 16, 2007

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE DESIGNATING THE ADDRESS AND AN
AGENT UPON WHOM PROCESS MAY BE SERVED

WITNESSETH:

That YOUR HOME CARE ALF, INC., desiring to organize under the laws of the State of Florida, which will have its principal office in the County of DADE, State of Florida, has appointed, NILDA M. EXPOSITO as its agent to accept service of process within this State.

ACKNOWLEDGMENT:

Having been named by the Board of Directors of NILDA M. EXPOSITO to accept service of process for the above stated Corporation at the place designated in this certificate. I hereby agree to act in the capacity of Registered Agent for said Corporation, and agree to comply with the applicable provision of the Florida Statutes, this 9TH day of AUGUST 2007.



NILDA M. EXPOSITO
REGISTERED AGENT