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CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):	
EDIMAR HO	ME HEALTH CARE	
2. Conformation Name)	(Document #)	
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Annual Report	☐ Foreign	
Fictitious Name	Limited Partnership Reinstatement	
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	Other	
	Examiner's Initials	
	Examiner S initials	

ARTICLES OF INCORPORATION

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:

Edimar Home Health Care Corp.

<u>ARTICLE II – PRINCIPAL OFFICE</u>

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

al place of business and mailing or and 3165 Scu 99 CT

Miami FL

33165

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:

Maria Palenzuela 3165 SW 99 CT

Mauri FL

<u>ARTICLE V – INCORPORATOR</u>

The name and address of the incorporator to these Articles of Incorporation is:		
Maria Palenzuela		
3165 SW 99 CI		
Miami, FL, 33/65		
The undersigned incorporator has executed these Articles of Incorporation this day of 20 <u>07</u> .	~	
ALAN SECULIAR DE LA CONTRACTOR DE LA CON	07 AUG	
Signature $\mathfrak{M}_{\mathcal{L}}$	=	高
ARTICLE VI- DIRECTOR (S)	ま ラー	
The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):		
Eduardo Palenzuela - Vice - Presid	en	+
Maria Palenzuela President		

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