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2007 OCT 10 A 10:50

STATE
DIVISIONS
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE OCT 11 2007

Charter Number Only

10/9/07

~~10/10/07~~

VALIDATION ONLY

Elizabeth Hidalgo

Requestor's Name

330 West 9th Street Suite 4

Address

Hialeah, FL 33010

City

State

ZIP

Phone

(786) 517-6517

CORPORATION(S) NAME

Ace Home Health Care Services
INC.



Empire Toll Free: 1-800-432-3028

☒ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy of Articles

☐ Photo Copies

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ARTICLES OF INCORPORATION

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.

2001 OCT 10 A 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the corporation shall be:

ACE HOME HEALTH CARE SERVICES INC.

ARTICLE II

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

**DADE COUNTY
4167 NW 135 STREET
OPA-LOCKA FL. 33054**

ARTICLE III

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

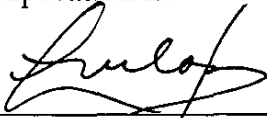
100 \$ 1.00 par value

ARTICLE IV

The purpose of the corporation is:
To do business according to the Bi-Laws of the corporation.

ARTICLE V

The name and street address of the Incorporator to these Articles of Incorporation is:



LISSET RULAN PRESIDENT
4167 NW 135 STREET
OPA-LOCKA FL. 33054

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

The name of the corporation is:

ACE HOME HEALTH CARE SERVICES INC..

The name and address of the Registered Agent is:

LISSET RULAN
4167 NW 135 STREET
OPA-LOCKA FL. 33054

Signature: _____

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 A REGISTERED AGENT.

SIGNATURE: _____

A handwritten signature in black ink, appearing to be "R. Lopez", written over a horizontal line.

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2007 OCT 10 A 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA