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RECEIVED
07 NOV - 6 AM 11:04
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 NOV - 6 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

LAZARUS
CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

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

1. LIFE CARE SUPPLIERS, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:06

☒ Certified Copy

☐ Mail out

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☐ Photocopy

☐ Certificate of Status

NEW FILINGS

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

AMENDMENTS

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

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

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

Examiner's Initials

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

Life Care Suppliers. Inc.

We, the undersigned, hereby associate ourselves together for the purpose of becoming incorporated under the laws of the State of Florida, and do hereby adopt the following:

Article I

The name of the Corporation shall be
Life Care Suppliers. Inc.

Article II

This Corporation may engage in any activity or business permitted under the laws of the state of Florida.

Article III

The maximum number of shares of stock of this Corporation shall be Five Hundred (500) shares, the said share having a par value of one dollar and no/100 each and to be fully paid and non-assessable of which shall be common stock, and the same shall be issued and sold for such consideration as may be fixed by the Board of Directors hereof. Said share of stock shall be issued, sold or transferred only according to the By-laws of the Corporation for any indebtedness which may be due at any time by the holders of same to the Corporations, and such lien shall be superior to all liens of any character, and all assignments and transfers of stock of this Corporation shall be subject thereto.

Articles IV

The amount of capital with which the Corporation shall begin business shall be not less than Five Hundred (500.00) dollars.

Article V

The Corporation shall have perpetual existence.

Article VI

The principal place of business of this Corporation shall be:
15321 NW 60th Avenue Suite 103, Miami Lakes, Florida 33014.

Article VII

The business of the Corporation shall be conducted by a Board of Director of not less than one (1) nor more than nine (9) Directors.

Article VIII

The names of post office addresses of the officers and first Board of Directors of this Corporation, who shall hold office for the first year of its existence, or until their successors are elected and qualified, are as follows:

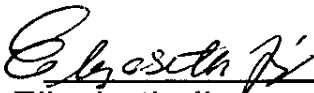
Elizabeth Jimenez - President, Secretary, Treasurer, Director
15321 NW 60th Avenue Suite 103, Miami Lakes, Florida 33014.

Article IX

The names and post office addresses of the subscribers to the Certificate of Incorporation, and the number of share of capital stock each agrees to take, are as follows:

Elizabeth Jimenez - President, Secretary, Treasurer, Director (500
Shares)
15321 NW 60th Avenue Suite 103, Miami Lakes, Florida 33014.

IN WITNESS WHEREOF, the Incorporates have hereunto set
their hands and seals this 2nd day of November, 2007.



Elizabeth Jimenez - President, Secretary, Treasurer, Director

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR
THE SERVICE OF PREACHES WITHIN FLORIDA, NAMING AGENT UPON
WHOM PROCESS MAY BE SERVED IN COMPLIANCE WITH SECTION
48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:**

FIRST - THAT LIFE CARE SUPPLIERS, INC.

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE
STATE

OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT THE CITY

OF MIAMI LAKES STATE OF FLORIDA, HAS

NAMED ELIZABETH JIMENEZ LOCATED AT

15321 NW 60TH AVENUE MIAMI LAKES, STATE OF

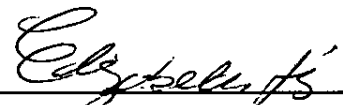
FLORIDA, AS IT'S AGENT TO ACCEPT SERVICE OF

PROCESS WITHIN FLORIDA.

SIGNATURE :

TITLE :

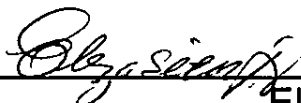
DATE :



ELIZABETH JIMENEZ

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS
FOR THE ABOVE STATED CORPORATION, AT THE PLACE
DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT
IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH
THE PROVISIONS OF ALL STATUS RELATIVE TO THE PROPER
AND COMPLETE THE PERFORMANCE OF DUTIES.

SIGNATURE



ELIZABETH JIMENEZ