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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : 120010000247  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Perception Care Services Corp.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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TALLAHASSEE, FLORIDA

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**ARTICLE I NAME**

The name of the corporation shall be:  
Perception Care Services Corp.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
427 Golden Elm Dr.  
Seffner, Florida 33584

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:  
1,500 COMMON SHARES PAR VALUE \$0.01

**ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)**

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR, PRESIDENT, VICE-PRES, SECRETARY, TREASURER:

Miriam H Fuentes  
427 Golden Elm Dr.  
Seffner, Florida 33584

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Miriam H Fuentes  
427 Golden Elm Dr.  
Seffner, Florida 33584


**ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:

Miriam H Fuentes  
427 Golden Elm Dr.  
Seffner, Florida 33584

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

  
Miriam H Fuentes / Registered Agent

  
Date

  
Miriam H Fuentes / Incorporator

  
Date

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