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Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

T.O. HOME CARE CORP.

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February 5, 2008

FLORIDA DEPARTMENT OF STATE

Division of Corporations
DORAL INCOME TAX AND CORPORATE FILING SERVICE

SUBJECT: T.O. HOME CARE CORP.
REF: W08000006117

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Claretha Golden
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FAX Aud. #: H08000029183
Letter Number: 108A00007536

P.O BOX 6327 - Tallahassee, Florida 32314

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ARTICLE OF INCORPORATION
OF

T.O. HOME CARE CORP.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: T.O. HOME CARE CORP.

The principal place of business of this corporation shall be:

691 W. 29 ST. # 8
HIALEAH, FL. 33012

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$10.00 = \$1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

ANTONIO M. BLANCO
691 W. 29 ST. # 8
HIALEAH, FL. 33012

DIRECTOR

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

ANTONIO M. BLANCO
691 W. 29 ST. # 8
HIALEAH, FL. 33012

PRESIDENT, SECRETARY & TREASURER
100 shares

The undersigned has(have) executed these Article of Incorporation this 4 th. day of February, 2008.



Signature/Title

Signature/Title

Signature/Title

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:_____

T.O. HOME CARE CORP.

2. The name and address of the registered agent and office_____

is ANTONIO M. BLANCO

(Name)

691 W. 29 ST. # 8

(P. O. BOX NOT ACCEPTABLE)

HI-LEAH, FL. 33012

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

DATE 2-4-08

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