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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 : XIOMARA LEE, P.A.
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Phone : (305) 262-2323
Fax Number : (305) 262-2324

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

CONNOR CARE CORP.

Certificate of Status	0
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T. Burch JAN 20 2008

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:
CONNOR CARE CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
15773 S.W. 75 TERRACE , MIAMI , FL 33193

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFULL BUSINESS ON TH E STATE

ARTICLE IV SHARES

The number of shares of stock is:
100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
ROBERTO M. LOPEZ , PRESIDENT, 15773 S.W. 75 TERRACE, MIAMI, FL 33193
ROSE MARIE LOPEZ , VICEPRESIDENT, 15773 S.W. 75 TERRACE , MIAMI, FL 33193

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
ROBERTO M. LOPEZ, 15773 S.W. 75 TERRACE , MIAMI , FL 33193

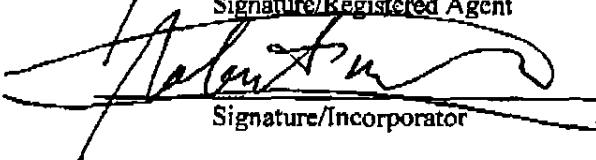
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
ROBERTO M. LOPEZ , 15773 S.W. 75 TERRACE, MIAMI, FL 33193

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


Signature/Registered Agent

2/19/2008
Date


Signature/Incorporator

2/19/2008
Date

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