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08 MAR -3 PM 2:00
SECRETARY OF STATE

TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Libia's HOME CARE, INC.
Enclosed are an or	iginal and one (1) copy of the articles of incorporation and a check for:
\$70.00 Fillin	g Fee
\$78.75 Filling	g Fee & Certified Copy
* \$87.50 Filling	Fee, Certified Copy & Certificate of Status
FROM:	LibiA OTONOGA
	4472 CHARTER POINT BLVD.
	TACKSONVILLE, FL 32277
	1-904-566 -2892
	Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

08 MAR -3 PH 2: 00 OB MAR -3 PH 2: 00 TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

LIDIA'S HOME CARE, INC.

The undersigned subscriber to these Articles of Incorporation is a natural person competent to contract and hereby form a Corporation for profit under Chapter 607 and/or 621 of the Florida Statutes.

ARTICLE 1 – NAME

The name of the Corporation is LIDIA'S HOME CARE, INC. (hereinafter, "Corporation").

ARTICLE 2 – PURPOSE OF CORPORATION

The corporation shall engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE 3 – PRINCIPAL OFFICE

The address of the principal office of this Corporation is 4472 Charter Point Blvd., Jacksonville, FL 32277 and the mailing address is 4472 Charter Point Blvd., Jacksonville, FL 32277.

ARTICLE 4 – SHARES

The number of shares of stock is: 1,000 (One Thousand).

<u>ARTICLE 5 – INCORPORATOR</u>

The name and address of the Incorporator is:

LIDIA OTONOGA 4472 Charter Point Blvd. Jacksonville, FL 32277

ARTICLE 6 - REGISTERED AGENT

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

LIDIA OTONOGA 4472 Charter Point Blvd. Jacksonville, FL 32277

<u>ARTICLE 7 – OFFICERS</u>

The officers of the Corporation shall be:

President:

LIDIA OTONOGA

Secretary:

LIDIA OTONOGA

Whose addressed shall be the same as the principal office of the Corporation.

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

02/28/2008 Date 02/28/2008