

Division of Corporations
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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 : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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FLORIDA PROFIT/NON PROFIT CORPORATION

CIS HOME HEALTH SERVICE CORP.

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**ARTICLES OF INCORPORATION
OF
CIS HOME HEALTH SERVICE CORP.**

ARTICLE I

THE NAME OF THE CORPORATION IS:

CIS HOME HEALTH SERVICE CORP.

ARTICLE II

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED
UNDER THE LAWS OF THE UNITED STATES AND UNDER THE LAWS OF THE STATE OF
FLORIDA.

ARTICLE III

THE MAXIMUM NUMBER OF SHARES OF CAPITAL STOCK THAT THE
CORPORATION IS AUTHORIZED TO ISSUES IS 100 SHARES AT \$10.00 PER VALUE.

ARTICLE IV

THE AMOUNT OF CAPITAL WITH WHICH CORPORATION WILL BEGIN BUSINESS IS
THE SUM OF \$1,000.00.

ARTICLE V

THE CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS SOONER
DISSOLVED ACCORDING TO LAW, AND ITS EXISTENCE SHALL COMMENCE UPON FILING.

ARTICLE VI

THE STREET ADDRESS IS THE PRINCIPAL OFFICE OF THE CORPORATION, IN THIS
STATE SHALL BE:

5193 N.W. 2ND TERRACE
MIAMI, FLORIDA 33126

ARTICLE VII

THE NAME (S) AND STREET ADDRESS (ES) OF THE PERSON SIGNING THESE
ARTICLES ARE:

LEONARDO GONZALEZ
5193 N.W. 2ND TERRACE
MIAMI, FLORIDA 33126

MELISSA PUNTRIANO
5193 N.W. 2ND TERRACE
MIAMI, FLORIDA 33126

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ARTICLE VIII

THE CORPORATION SHALL HAVE A BOARD OF DIRECTORS CONSISTING OF NOT LESS THAN TWO OR MORE THAN SIX DIRECTORS. THE INITIAL BOARD OF DIRECTORS SHALL CONSIST OF FOUR DIRECTORS WHOSE NAMES AND ADDRESSES ARE AS FOLLOWS:

LEONARDO GONZALEZ - PRESIDENT
5193 N.W. 2ND TERRACE
MIAMI, FLORIDA 33126

MELISSA PUNTRIANO - VICE PRESIDENT, TREASURER
5193 N.W. 2ND TERRACE
MIAMI, FLORIDA 33126

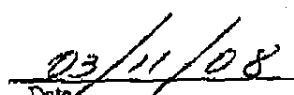
ARTICLE IX

THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE, AND THE NAME OF THE INITIAL REGISTERED AGENT AT THAT ADDRESS SHALL BE:

LEONARDO GONZALEZ
5193 N. W. 2 TERRACE
MIAMI, FLORIDA 33126

THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS 11TH DAYS OF MARCH, 2008.


LEONARDO GONZALEZ
Incorporator


Date

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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: CIS HOME HEALTH SERVICE CORP.

2. The name and address of the registered agent and office is:

LEONARDO GONAZLEZ

5191 N.W. 2ND TERRACE

MIAMI, FLORIDA 33126

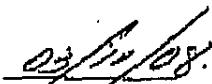
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



LEONARDO GONZALEZ

DATE:



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