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To: Division of Co:	
rax Number	: (850)617-6381
From:	
Account Name	: EMPIRE CORPORATE KIT COMPANY
Account Number	: 072450003255
Phone	: (305)634-3694
Fax Number	: (305)633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

fm health care & home care solutions, inc.

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ARTICLES OF INCORPORATION

OF

FM HEALTH CARE & HOME CARE SOLUTIONS, INC.

The undersigned Incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be: FM HEALTH CARE & HOME CARE SOLUTIONS, INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation: 9501 S.W. 160TH STREET, MIAMI, FL 33157.

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business. HOME HEALTH CARE SERVICE

ARTICLE V

The aggregate n umber of shares which this corporation shall have authority to issue is <u>1.000</u> shares common stock having an individual par value of \$<u>100.00</u>.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: RANIS FORD, 9501 S.W. 160TH STREET, MIAMI, FL 33157.

ARTICLE VII

The name and address of the officers and board of directors shall be:

PRESIDENT RANIS FORD

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9501 S.W. 160TH STREET MIAMI, FL 33157

ARTICLE VIII

The name and address of the incorporator(s) to these Article of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC. 2444 NW 7TH PLACE MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this 31^{ST} DAY OF MARCH, 2008.

INCORPORATOR Ray Stormont Signing for Empire Corporate Kit of America, Inc.

40800082510

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

FM HEALTH CARE & HOME CARE SOLUTIONS, INC.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

AGENT

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