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## LAZARUS CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

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IIAMI, FL 33165 (305) 552-5	973	
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ORPORATION NAME(S) & DOCUM	IENT NUMBER(S),	(if known):
	G HOME	MEALTH
(Corporation Name)	(Document #)	
HEENCY INC	·	
(Corporation Name)	(Document #)	
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(Corporation Name)	(Document #)	
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### FILED

#### ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A SECRETARY OF STATE CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION HASSEE. FLORIDA ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

#### **ARTICLE I - NAME**

THE NAME OF THE CORPORATION SHALL BE:

Forever Young Home Health ARTICLE II - PRINCIPAL OFFICE agency INC

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

2721 SW 137 avre #117 Miami H 33175

<u>ARTICLE III - SHARES</u>

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

<u>ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

6 EOR6 E L. JAFFE 2721 SW 137 ave # 117 Miani A 33175

#### **ARTICLE V - INCORPORATOR**

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:
Folevel Young Home Health agency, INC
2721 8W 137 ave. # 117
Miani-fl 33175
THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS DAY OF ARCIO, 200
SIGNATURE SIGNATURE
ARTICLE VI - DIRECTOR(S)
THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):
GEORGE L AZARO JAFFE
President
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED
OFFICE  HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT 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 RELATED TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.
REGISTERED AGENT SIGNATURE