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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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OFFICE OF SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
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TALLAHASSEE, FLORIDA

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. SINCLAIR HOME HEALTH, INC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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NEW FILINGS

☑ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

CR2E031(7/97)

ARTICLES OF INCORPORATION
OF
SINCLAIR HOME HEALTH, INC

THE UNDERSIGNED, ACTING AS INCORPORATOR OF A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION:

FILED
2009 JUN -2 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name and address of the corporation:

SINCLAIR HOME HEALTH, INC
1010 NW 32 COURT
MIAMI, FL 33125

ARTICLE II

The period of its duration is perpetual

ARTICLE III

The date and time of the commencement of the corporate existence shall be the date of the filing of these Articles by the Department of State.

ARTICLE IV

The purpose(s) for which the corporation is organized is to engage in the transaction of any or all-Lawful business for which the corporation may be incorporated under the Florida General Corporation Act.

ARTICLE V

The aggregate number of shares, which corporation shall have authority to issue, is one hundred (100) shares of capital stock, $ 1.00 par value.

ARTICLE VI

The number of directors constituting the initial Board of Directors of the corporation are one (1) and the names and addresses of the person(s) who are to serve as director(s) until the first annual meeting of shareholders or until the successors are elected and qualified are:

President:	LEONARDO MASTACHE	1010 NW 32 COURT MIAMI, FL 33125

ARTICLE VII

The shares of Capital stock of this corporation shall be issued to the following person(s):

Name	Address	Shares
LEONARDO MASTACHE	1010 NW 32 COURT,MIAMI, FL 33125	100%

ARTICLE VIII

The name and address of the incorporator and the address of the principal office is:

LEONARDO MASTACHE
1010 NW 32 COURT
MIAMI, FL 33125

ARTICLE IX

The name and address of the initial registered agent is:

LEONARDO MASTACHE
1010 NW 32 COURT
MIAMI, FL 33125

X _____
Incorporator

Date: May 27, 2008

X _____
Initial Registered Agent

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this May 27, 2008, LEONARDO MASTACHE the Incorporator, Who is personally known to me and who did take an oath

_____
Gabriel Rodriguez Notary Public
State of Florida at Large

My commission Expires:

GABRIEL RODRIGUEZ
Notary Public - State of Florida
My Commission Expires Jul 28, 2009
Commission # DD 455741

CERTIFICATE OF DESIGNATION-REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Status, the undersigned corporation, organized 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.

The name of the corporation is: SINCLAIR HOME HEALTH, INC

The name and address of the registered office is:

LEONARDO MASTACHE
1010 NW 32 COURT
MIAMI, FL 33125

Signature: _X_____
Title: INCORPORATOR
Date: May 27, 2008

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATED, I HEREBY AGREE TO ACT IN THIS CAPASITY, AND I FUTHER AGREE TO COMPLY WITH THE PROVISINOS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature: _X_____
Title: Registered Agent
Date: May 27, 2008

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2008 JUN -2 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA