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To: Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : CSH SERVICES, LLC
Account Number : I200700008160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

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DIVISION OF CORPORATION

FLORIDA PROFIT/NON PROFIT CORPORATION

TALMAIA HOME HEALTH AGENCY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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6-4-08
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

TALMAIA HOME HEALTH AGENCY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5511 SW 20TH ST

WEST PARK, FLORIDA 33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

PRESIDENT

BARRY BROWN

5203 SW 18TH ST.

WEST PARK, FLORIDA 33023

SECRETARY

VEANDA THOMAS

5203 SW 18TH ST.

WEST PARK, FLORIDA 33023

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ARTICLE VI REGISTERED AGENT

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

MICAH THOMAS
5203 SW 18TH ST.
WEST PARK, FLORIDA 33023

ARTICLE VII INCORPORATOR

The name and Florida street address of the Incorporator is:

BARRY BROWN
5203 SW 18TH ST.
WEST PARK, FLORIDA 33023

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.

Micah Thomas
MICAH THOMAS / Registered Agent

6/3/08
Date

Barry Brown
BARRY BROWN / Incorporator

6/3/08
Date