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 DIVISION OF CORPORATION

FLORIDA PROFIT/NON PROFIT CORPORATION

SOUTH FLORIDA CARE HOME AGENCY, INC.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

SOUTH FLORIDA CARE HOME AGENCY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal ~~street~~ address and mailing address, if different is:

1000 PONCE DE LEON BLVD STE: 201
CORAL GABLES, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ZOILA ROBLES (P/V/S/T/D)
9850 HAMMOCKS BLVD # 108
MIAMI, FL 33196

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

SAUL BRENESKY
1000 PONCE DE LEON BLVD STE: 201
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ZOILA ROBLES
9850 HAMMOCKS BLVD # 108
MIAMI, FL 33196

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



Signature/Registered Agent



Signature/Incorporator

6/24/08

Date

6/24/08

Date