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DIVISION OF CORPORATION

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FLORIDA PROFIT/NON PROFIT CORPORATION

OPTIMUS CARE GIVERS INC

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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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:

OPTIMUS CARE GIVERS INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2630 W 60 ST HIALEAH FL 33016

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

DO BUSINESS IN FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is:

300

**ARTICLE V INITIAL OFFICERS/DIRECTORS**

The name(s), address (es) and title(s):

CLARA S URGELLES - 2630 W 60 ST., HIALEAH FL 33016 P/S/T

**ARTICLE VI REGISTERED AGENT**

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

CLARA S URGELLES - 2630 W 60 ST., HIALEAH, FL 33016

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

CLARA S URGELLES - 2630 W 60 ST., HIALEAH FL 33016

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

*Clara S Urgelles*  
Signature/Registered Agent

7/12/08  
Date

*Clara S Urgelles*  
Signature/Incorporator

7/12/08  
Date