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CORPORATE FILING SERVICE

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3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

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e de la companya de La companya de la co	*****	Office Use Only
ORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if	known):
N.B.S. HOME (Corporation Name)	HEALTH (Document #)	CARE INC
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(Corporation Name)	(Document #)	
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DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

08 SEP -9 AM 10: 23

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

ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE:

N.B.S. Home Health Care Inc

ARTICLE II - PRINCIPAL OFFICE

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

6835 SW 16 TR Miam FL 33155

ARTICLE III - SHARES

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

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

Nancy Barbara Socarras 6835 SW 16 72 Miami, FL 33155

ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

Nancy Barbara Socareas. 6835 SW 16 Te Miani, FL 33155.

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES

OF INCORPORATION THIS DAY OF Sestema

AY OF <u>Septembel</u>, 2008

SIGNATURE

ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

Vancy Barbora Gocarnas

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

<u> JEFICE</u>

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