

Division of Corporations

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

From: Account Name : ARES & COMPANY, C.P.A., P.A.  
Account Number : I20000000268  
Phone : (305) 229-8256  
Fax Number : (305) 229-8252

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**M & N PROFESSIONAL SERVICE HOME HEALTH CARE, INC.**

|                       |         |
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ARTICLES OF INCORPORATION  
OF

**M & N PROFESSIONAL SERVICE HOME  
HEALTH CARE, INC.**

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

**M & N PROFESSIONAL SERVICE HOME  
HEALTH CARE, INC.**

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purpose proposed to be transacted and carried on by this corporation are to do any and all of the things, as fully and to the same extent as natural persons might do, viz:

PREPARED BY: ARES & COMPANY, C.P.A., P.A.  
3636 SW 87<sup>TH</sup> AVE.  
MIAMI, FL. 33165  
PH: (305) 229-8256  
FAX: (305) 229-8252

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Transact any and all lawful business.

- (1) Said corporation shall further have powers:  
To have perpetual succession by its corporate name,

**M & N PROFESSIONAL SERVICE HOME  
HEALTH CARE, INC.**

**ARTICLE IV**

The aggregate number of shares which the corporation shall have authority to issue is  
the total sum of 100 shares, having an individual par value of US\$10.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there  
shall be only one (1) class of stock of this corporation.

**ARTICLE V**

The name and street address of the initial Registered Agent of this corporation shall  
be:

NILDA GONZALEZ  
5755 W FLAGLER ST. – STE. 208  
MIAMI, FL. 33144

The principal office and mailing address shall be:

**Principal Office:** 5755 W FLAGLER ST. **Mailing Address:** 5755 W FLAGLER ST.  
SUITE 208 SUITE 208  
MIAMI, FL. 33144 MIAMI, FL. 33144

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## ARTICLE VI

The initial Board of Directors shall be composed by TWO (2) persons, whose names and addresses are:

MARIA ORTIZ - PRESIDENT - 50% SHAREHOLDER  
1485 W 46<sup>TH</sup> ST. STE. 421  
HIALEAH, FL. 33012

NILDA GONZALEZ - VICE-PRESIDENT/ - 50% SHAREHOLDER  
5755 W FLAGLER ST. SECRETARY  
SUITE 208  
MIAMI, FL. 33144

The name and address of the incorporator executing these Articles of Incorporation is:

NILDA GONZALEZ  
5755 W FLAGLER ST. - SUITE 208  
MIAMI, FL. 33144

IN WITNESS WHEREOF, the undersigned incorporators/officers have executed these Articles of Incorporation this 25<sup>TH</sup> day of November, 2008.

  
NILDA GONZALEZ  
INCORPORATOR

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the law of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the Corporation is:

**M & N PROFESSIONAL SERVICE HOME  
HEALTH CARE, INC.**

2. The name and address of the Registered Agent and office is:

NILDA GONZALEZ  
5755 W FLAGLER ST. - SUITE 208  
MIAMI, FL. 33144

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: \_\_\_\_\_

*NH*  
NILDA GONZALEZ

DATE: \_\_\_\_\_

11/25/08

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