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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 : EXECUTIVE CORPORATE FILING, INC.  
Account Number : I20070000059  
Phone : (305) 670-3110  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**FAMILY HELP, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
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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:

FAMILY HELP, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

4995 NW 72ND AVE  
MIAMI, FL 33166

**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:

100 SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

HECTOR FABIO HERRERA - PRESIDENT  
4995 NW 72ND AVE  
MIAMI, FL 33166

**ARTICLE VI REGISTERED AGENT**

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

HECTOR FABIO HERRERA  
4995 NW 72ND AVE  
MIAMI, FL 33166

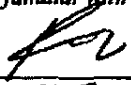
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

HECTOR FABIO HERRERA  
4995 NW 72ND AVE  
MIAMI, FL 33166

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\*\*\*\*\*  
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

DECEMBER 12, 2008

\_\_\_\_\_  
Date

DECEMBER 12, 2008

\_\_\_\_\_  
Date