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CORPORATE FILING SERVICE

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MIAMI, FL 33165 (305) 552-5973

,	
CORPORATION NAME(S) & DOCUM	Office Use Only ENT NUMBER(S), (if known):
1. Absolute Caregive	ors Home Health Agency Inc
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name) Walk in Pick up time 2 Mail out Will wait	(Document #) Certified Copy Photocopy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

ARTICLES OF INCORPORATION

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.

OSFEB -4 AMIO: 51

ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE:

Absolute Caregivers Hour Health Agency Inc.

ARTICLE II - PRINCIPAL OFFICE

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

8311 SW 157 AUR APTH 706 MIANT FL 33193

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

EDUAR M. Rios

8311 300 157 AVENUE APT #706 MIAM: FC 33183

ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:			
EDUAR 1	M. Rios		
8311 Sw	15.7 Avenue. FC 33183	Apt #706	
THE UNDERSIGNED I	NCORPORATOR HAS EXECUTE OF INCORPORATION THIS DAY OF	ED THESE ARTICLES	
	En	TALL SEL	
	SIGNATURE	AHASS.	
, , etc	ARTICLE VI - DIRECTOR(S)	E. P. S. P.	
THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):			
EDUAR P	1. Rios - P		
Iverte	Copez-V		
		· .	
		•	
CERTIFICATE OF DE	SIGNATION OF REGISTERED A OFFICE	GENT / REGISTERED	
STATED CORPORATION APPOINTMENT AS REGISTE COMPLY WITH THE PRO	GISTERED AGENT AND TO ACCEPT SERVICE I AT PLACE DESIGNATED IN THIS CERTIFICAT FRED AGENT AND AGREE TO ACT IN THIS CAP IVISIONS OF ALL STATUTES RELATED TO THE S, AND I AM FAMILIAR WITH AND AGCEPT THE AS REGISTERED AGENT.	E , I HEREBY ACCEPT THE ACITY. I FURTHER AGREE TO PROPER AND COMPLETE	
<i>,</i>	DA/	. •	

REGISTERED AGENT SIGNATURE