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Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone Fax Number

: (305)634-3694 : (305)633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

HEAVENLY CARE, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION

OF

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SECRETARY OF STATE TALLAHASSEE FLORIDA

HEAVENLY CARE, INC.

The undersigned Incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be: HEAVENLY CARE, INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation: 12880 S.W. 6th STREET, MIAMI, FL 33184.

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate n umber of shares which this corporation shall have authority to issue is 100 shares common stock having an individual par value of \$1.00.

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.

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: DAREINI GARCIA ALFONSO, 12880 S.W. 6th STREET, MIAMI, FL 33184.

ARTICLE VII

The name and address of the officers and board of directors shall be:

PRESIDENT
DAREINI GARCIA ALFONSO

12880 S.W. 6th STREET MIAMI, FL 33184

ARTICLE VIII

The name and address of the incorporator(s) to these Article of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC. 2444 NW 7TH PLACE MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this 9th DAY OF FEBRUARY, 2009.

Ray Stormont Signing for

Empire Corporate Kit of America, Inc.

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CERTIFICATE OF DESIGNATION

2009 FEB - 9 A 9 40

REGISTERED AGENT/REGISTERED OFFICE CRETARY OF STATE .
TALLAHASSEE MELORIDA

HEAVENLY CARE, INC.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE 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

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