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CORPORATE FILING SERVICE

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DRPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):	
MATIONWIDE (Corporation Name)	HOME CARE	IN
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Profit Not for Profit Limited Liability	Amendment Resignation of R.A., Officer/Director Change of Registered Agent	
Domestication Other	Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFICAT	<u>ION</u>
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement	
	Trademark Other	

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ARTICLES OF INCORPORATION

2009 FEB IN A II: 21

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF CRETARY OF STATE TALLAHASSEE FLORIDA 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: nationwide Home Care inc

ARTICLE II - PRINCIPAL OFFICE

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

1250 SW 27 AUE Suite 307 miami, FL 33135.

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

amelia Cameso; 1250 SW 27 AUG Suite 307 miami, FC 33135

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ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE TO A 11:21

ARTICLES OF INCORPORATION IS:

SECRETARY OF STATE

SECRETARY OF STATE

SUANA Garcia -> 1250 SW 2 TAIAN ASSESUE 130

amelia dameso miami, FL 33135

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES

OF INCORPORATION THIS

OTH DAY OF TOBLERY . 2009

SIGNATURE

ARTICLE VI - DIRECTOR(S)

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

Juana Barrier 1250 500 27 Ave Mani FL 33135 (President) Amelia Camejo 1250 500 27 Ave Miani FL 33135 (V. President)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

OFFICE

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