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A1a Incorporation Service

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Florida Department of State  
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From: Account Name : CSH SERVICES, LLC  
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THE CLERK OF STATE  
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FLORIDA PROFIT/NON PROFIT CORPORATION

Family Care Group Inc.

Certificate of Status	0
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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

FAMILY CARE GROUP INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

17921 NW 51ST PLACE  
OPA LOCKA, FLORIDA 33055

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

**ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)**

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR	VICE PRESIDENT, SECRETARY
MARIA ELENA MOSQUERA	JAMILETTE POMERANTZ
17921 NW 51ST PLACE	17921 NW 51ST PLACE
OPA LOCKA, FLORIDA 33055	OPA LOCKA, FLORIDA 33055

PRESIDENT  
RAMIRO TORRES  
17921 NW 51ST PLACE  
OPA LOCKA, FLORIDA 33055

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PAGE 2 FAMILY CARE GROUP INC.

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

MARIA ELENA MOSQUERA  
17921 NW 51ST PLACE  
OPA LOCKA, FLORIDA 33055

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**ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:

MARIA ELENA MOSQUERA  
17921 NW 51ST PLACE  
OPA LOCKA, FLORIDA 33055

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.

  
\_\_\_\_\_  
MARIA ELENA MOSQUERA / Registered Agent

3/27/09  
Date

  
\_\_\_\_\_  
MARIA ELENA MOSQUERA / Incorporator

3/29/09  
Date