

# P090000028940

Florida Department of State  
Division of Corporations  
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## FLORIDA PROFIT/NON PROFIT CORPORATION

### NIEVES GROUP CARE CORP

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## 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.

### ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE:

*Nieves Group Care Corp.*

### ARTICLE II - PRINCIPAL OFFICE

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

*2116 NW 27 St.  
Miami Fla 33142.*

### 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

*Lidia E. TORRES  
2116 NW 27 St.  
Miami Fla 33142.*

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**ARTICLE V - INCORPORATOR**

**THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE  
ARTICLES OF INCORPORATION IS:**

*Lidia E. Torres*  
*2116 NW 27 St.*  
*Miami Fla. 33142.*

**THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES  
OF INCORPORATION THIS**

30 DAY OF March, 2009

*Lidia E. Torres*

**SIGNATURE**

**ARTICLE VI - DIRECTOR(S)**

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

*Lidia E. Torres. (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.

*Lidia E. Torres*

**REGISTERED AGENT SIGNATURE**