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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: <u>EV</u>	ASA HOME HEAD	TE NAME - MUST INCL	CELING SAVI	ICES, I	sc.
	inal and one (1) copy of the artic		_		
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO	DPY REQUIRED	.	
FROM: MARTIN ALMAN Name (Printed or typed) Name (Printed or typed) Name (Printed or typed) Address					
	NORTH MAM	State & Zip	£ 33162 PLORIDA	AM IO: 19	ED
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NOTE: Please provide the original and one copy of the articles.

EVASA HOME HEALTH & COUNSELING SERVICES, INC. A FLORIDA NOT FOR PROFIT CORPORATION DOC #N0900003440

June 18, 2009

Florida Department of State Corporate Filings Tallahassee, FL

The corporation shown above hereby releases the name as originally filed to be used by EVASA HOME HEALTH & COUNSELING SERVICES, INC., A Florida Profit Corporation. We authorize the name to be used by this new corporation.

Auda T. Mesidor, Vice President

ARTICLES OF INCORPORATION

EVASA HOME HEALTH & COUNSELING SERVICES, INC.

A Florida Profit Corporation

(Pursuant to Chapter 607 of the Florida Statutes)

The undersigned person has signed this document for the purpose of forming a corporation under the laws of Florida and adopts the following Articles of Incorporation.

1. NAME: The name of this corporation is EVASA HOME HEALTH & COUNSELING SERVICES, INC..

PURPOSE AND POWERS: This Corporation is organized for the transaction of any and all lawful business for which corporations may be incorporated under the laws of the State of Florida, as they may be amended from time to time.

This corporation shall have the broad general powers set forth in Chapter 607, Florida Statutes, and the purpose for which this corporation is organized is:

To provide qualty home care services in South Florida.

- 2. AUTHORIZED SHARES: The Corporation shall have the authority to issue 1000 shares of common stock. The par value of the stock is \$1.00.
- 3. PRINCIPAL OFFICE AND MAILING ADDRESS OF CORPORATION: Fig.

place of business and mailing address of the corporation shall be:

Principal Place of Business 16300 N.E. 19th Avenue North Miami Beach, FL 33162

Mailing Address 16300 N.E. 19th Avenue North Miami Beach, FL 331625

4. INITIAL OFFICERS/DIRECTORS: The initial Board of Directors shall consist of 3 persons, who shall serve until the first annual meeting of the shareholders, and whose names and addresses are:

Evaudie Salazar

17200 N.W. Miami Court, Miami, FL 33169

President & Secretary

Auda T. Mesidor

828 N.E. 160th Street, North Miami Beach, FL 33162

Vice-President

Rony Jeanmarie

17200 N.W. Miami Court, Miami, FL 33169

Director

5. **REGISTERED AGENT:** The name and Florida street address of the Registered Agent of the Corporation is:

Martin Alman 17290 N.E. 19th Avenue North Miami Beach, FL 33162

6. INCORPORATOR: The name and address of the incorporator is:

Martin Alman 17290 N.E. 19th Avenue North Miami Beach, FL 33162

- 7. EFFECTIVE DATE: These Articles are to be effective the date of filing unless otherwise specified below:
- 8. The President of this corporation who was also the President of Florida Non-Profit Corporation "Evasa Home Health & Counseling Services, Inc." Doc. No. N09000003440, which was voluntarily dissolved, herein authorizes the use of name of this corporation to be used in this filing.

IN WITNESS WHEREOF, the following incorporator has signed these Articles of Incorporation on:

Date: JUNE // 2009

Martin Alman

ACCEPTANCE BY REGISTERED AGENT

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.

Martin Alman

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