

FROM : LAZARUS
DIVISION OF CORPORATIONS

FAX NO : 305 220 1440

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

NURSING CHARLOTTE HOME HEALTH CARE INC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Nursing Charlotte Home Health Care Inc

ARTICLE II - PRINCIPAL OFFICE

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

*23486 NELSON AVE. Port CHARLOTTE
FL. 33954*

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

*LINO MIGUEL CINTRA
23486 NELSON AVE. Port CHARLOTTE
FL. 33954*

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TALLAHASSEE, FLORIDA

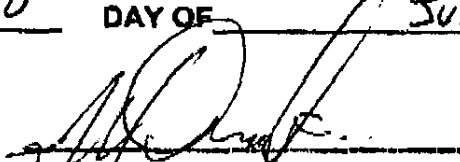
ARTICLE V - INCORPORATOR

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

LIND MIGUEL CONTRA 23486 NELSON AVE.
LAZARO RAMOS PORT CHARLOTTE
RAFAEL DIAZ FL. 33954
MANUEL FAURA

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES

OF INCORPORATION THIS
10 DAY OF JULY, 2009


SIGNATURE

ARTICLE VI - DIRECTOR(S)

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

PRESIDENT - LAZARO RAMOS 25%
VICE-PRESIDENT - RAFAEL DIAZ 25%
LIND MIGUEL CONTRA - TREASURE 25%
SECRETARY - MANUEL FAURA 25%

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

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