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## **LAZARUS**

### CORPORATE FILING SERVICE

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ORPORATION NAME(S) & DO	OCUMENT NUMBER(S), (if known):
HOMESTEAD (Corporation Name)	MEDICAL & THERAP
GROUP,	INC
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OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
•	Evaminar's Initials

CR2E031(7/97)

#### **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:

#### HOMESTEAD MEDICAL & THERAPY GROUP, INC

#### ARTICLE II- PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1303 Homestead Rd. N. Suite #102 Lehigh Acres, FL 33936

#### **ARTICLE III- SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100- \$5.00 Value

#### <u>ARTICLE IV – INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and address of the initial registered agent is:

Viki Hernandez 1303 Homestead Rd. N. Suite #102 Lehigh Acres, FL 33936

#### **ARTICLE V - INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is:

Viki Hernandez 1303 Homestead Rd. N. Suite # 102 Lehigh Acres, FL 33936

The undersigned incorporator has executed these Articles of Incorporation this 29<sup>th</sup> 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: Viki Hernandez

1303 Homestead Rd. N. Suite # 102 Lehigh Acres, FL 33936

#### **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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