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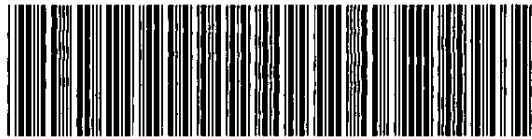
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRD
8/13

COVER LETTER

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

SUBJECT: ASSURED HOME HEALTH SOLUTIONS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$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 COPY REQUIRED

FROM: CLIFTON H. RODRIQUEZ, CPA
Name (Printed or typed)

3146 NW 68TH STREET, SUITE NO.1
Address

FORT LAUDERDALE, FLORIDA 33309-1206
City, State & Zip

(954)969-9380
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

For

Assured Home Health Solutions, Inc.

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The undersigned subscribers(s) for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article I-Name of the Corporation

The name of the corporation shall be:

Assured Home Health Solutions, Inc.

Article II-Nature or Purpose of the Business

The purpose of the corporation is to engage in any lawful activity permitted by the laws of this state. The corporation will provide home health care services to the general public in the Tri-County area, the State of Florida, and the United States. The corporation will comply with any professional regulations imposed by state agencies within the State of Florida as well.

Article III-Principal Office

The initial principal business mailing address of this corporation shall be:

c/o Clifton H. Rodriquez, CPA, PA
3146 NW 68th Street
Fort Lauderdale, Florida 33309-1206

Article IV-Number of Shares Authorized

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

One Thousand (1000)

(The par value of the corporation common stock will be \$1.00) Reshanda Miller will own sixty percent (60%), Authrine T. Grandison will own five percent (5%) and Rupert A. Miller will own the remaining thirty five percent (35%) of the outstanding shares of the corporation. The profit and losses from corporate operations will be shared in accordance with equity ownership of each shareholder.

Article V-Initial Registered Agent

The name and address of the initial registered agent is:

Rupert A. Miller
2309 NW 55th Avenue
Lauderdale Lakes, Florida 33313

ARTICLES OF INCORPORATION

For

Assured Home Health Solutions, Inc.

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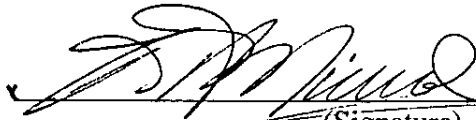
**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

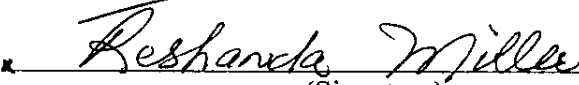
Article VI-Subscriber (s)

Mr. Rupert A. Miller
2309 NW 55th Avenue
Lauderdale Lakes, Florida 33313

Ms. Reshanda Miller
2309 NW 55th Avenue
Lauderdale Lakes, Florida 33313

The undersigned incorporator(s) has executed these Articles of Incorporation this
5th day of August, 2009


(Signature)


(Signature)

Article VI: Perpetual Life of the Corporation

The corporation shall exist perpetually, or until such time that the Board of Directors and/or shareholder(s) decide to dissolve the corporation.

Article VII-Appointment of Officers & Directors

The subscriber(s) of this corporation has appointed the following officers and directors of the corporations. These officers and directors will serve in accordance with the bylaws of the corporation:

	<u>Name</u>	<u>Address</u>	<u>Title</u>
1.	Rupert A. Miller	2309 NW 55 th Avenue Lauderdale Lakes, FL 33313	President/CEO/Chairperson Board of Directors
2.	Authrine T. Grandison	7360 NW 35 th Street Lauderhill, FL 33319	Exe.VP/Treasurer/Director
3.	Reshanda Miller	2309 NW 55 th Avenue Lauderdale Lakes, FL 33313	Corporate Secretary/Director

**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

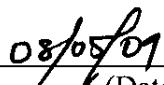
1. The name of the corporation is: **Assured Home Health Solutions, Inc.**

2. The name and address of the registered agent and office are as follows:

**Rupert A. Miller
2309 NW 55th Avenue
Lauderhill, Florida 33319**

Having been named as registered agent and to accept service for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.


(Signature)


(Date)