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(Requestor's Name) C'ntHiA SONZALES 3719 HUNTINGTON PLDR. SANDSOTZ, FL 34237	900162204609
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SARASOTA, OCTOBER 28, 2009

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS PO BOX 6327 TALLAHASSEE, FL 32314

MATTER: NEW CORPORATION UNDER THE NAME "CINTHIA CARE SERVICES, INC"

CINTHIA GONZALEZ, RESIDING AT 3719 HUNTINGTON PL. DR, SARASOTA FL 34237 IS SENDING ARTICLES OF INCORPORATION UNDER THE NAME: "CINTHIA CARE SERVICES, INC."

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA PROFIT CORPORATION ACT: HEREBY ADOPT THE FOLLOWING ARTICLES OF INCORPORATION:

ARTICLE I:

THE NAME OF THE CORPORATION SHALL BE:

"CINTHIA CARE SERVICES, INC."

ARTICLE II:

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS SHALL BE 3719 HUNTINGTON PL. DR, SARASOTA, FL 34237

ARTICLE III.

THE SPECIFIC PURPOSE(S) FOR WHICH THE CORPORATION IS ORGANIZED IS TO BRING CARE IN THE FOLLOWING AREAS TRANSPORTATION, MEDICATION REMINDER, GRROMING AND DRESSING GUIDANCE, LONG/SHORT TERM MEAL PREPARATION, LIGHT HOUSEKEEPING

ARTICLE IV.

THE NUMBERS OF SHARES WILL BE 200 (TWO HUNDRED) NON PAR VALUE

ARTICLE V.

THE DIRECTORY WILL BE FORMED WITH A PRESIDENT, A SECRETARY, A TREASURY THAT WILL BE APPOINTED AT THE FIRST MEETING OF THE YEAR, THE SECOND FRIDAY OF NOVEMBER, FOR SIMPLE NOMINATION.

THE DIRECTORS WILL BE ELECTED FOR TWO YEARS, WITH OPTION TO BE RE-ELECTED.

THE DIRECTOR OF THE CORPORATION IS CINTHIA GONZALEZ.

ARTICLE VI.

THE REGISTERED AGENT IS MRS CINTHIA GONZALEZ, RESIDING AT 3719

SECRETARY OF STATE FALLAHASSEE, FLORIDA



HUNTINGTON PL.DR., SARASOTA, FL 34237.

ARTICLE VII.

THE INCORPORATOR, MRS CINTHIA GONZALEZ IS RESIDING AT 3719 HUNTINGTON PL. DR. SARASOTA, FL 34237

ARTICLE VIII

THE EFFECTIVE DATE TO START OPERATING THE CORPORATION IS **NOVEMBER 30, 2009**

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DATE

JRE OF INCORPORATOR

HAVING BEEN NAMED AS A REGISTER AGENT AND, TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS A REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND, I'M FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

THÌA GONZALEZ

SIGNATURE REGISTERED AGENT

DATE OCTOBER 29, 2009