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### CORPORATE FILING SERVICE

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(Corporation Name)	(Document #)	
INC.		
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Mail out	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  REGISTRATION/QUALIFICATION Foreign	Status  2010 JUL
Mail out	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  REGISTRATION/QUALIFICATION Foreign Limited Partnership	Status  2010 Jul 12
Mail out	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement	Status  2010 Jul 12
Mail out	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  REGISTRATION/QUALIFICATION Foreign Limited Partnership	Status  2016 Jul 12

Examiner's Initials





July 9, 2010

#### LAZARUS CORPORATE FILING SERVICE

SUBJECT: SERRANO'S HOME HEALTH CARE, INC

Ref. Number: W10000032407

We have received your document for SERRANO'S HOME HEALTH CARE, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 710A00016684

SINGLE STATE OF STATE

We, the undersingned, hereby associate ourselves together for the purpose of Becoming a corporation under the laws of the State of Florida, by and under the provision of the State of Florida providing for the formation, liability, rights, privileges and Inmunities of a corporation for profit.

ARTICLE I

The name of the corporation shall be

SOFIA HOME HEALTH CARE INC.

ARTICLE II

The corporation may engage in any activity of business permitted under the laws of the United States and the State of Florida.

ARTICLE III

The maximum shares of stock, with \$ 1.00 per value, that this corporation is authorized to have outstanding at any time is FIVE HUNDRED (500) shares.

ARTICLE IV

The amount of capital with which this corporation will begin business not be less tan \$ 500.00 dollars. FIVE HUNDRED DOLLARS.

ARTICLE V

This Corporation is to have perpetued existence.

950 NE 120 ST DISCayne Park, 33161

ARTICLE VI

The principal office of this Corporation shall be

950 NE 120 ST Village Biscayne Park, Fl 33161

#### ARTICLE VII

The number of the Board of Directors of the Corporation shall not be less than one person. The names and post office address of the first Board of Directors, who subject to the provisions of the Certificate of Incorporation, the By-laws and the acts of legislature, shall hold office for the first year of the corporation's existence or until their succesors are elected and shall be fully qualified, are:

A <del>-</del>	<u> PLIVIVE</u>
SOFIA SERRANO 950 NE PRESIDENT	%
SOFIA SERRANO 950 NE PRESIDENT 1205T BISCOYNE PRESIDENT DIRECTOR  33161	100
33161	

ARTICLE VIII

The names and post office addresses of each subscriber to the Certificate of Incorporation are as follows:

SOFIA SERRANO 950 NE 120ST VILLAGE BI SCAYNE PARK FL, 33161

PRESIDENT SECRETARY DIRECTOR

ARTICIE VIII Initial Registered Agent and street

CLIADEC

Solia Serrano 950 NE 1205T Village Biseayne Park FL, 33161

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERD OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED 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 OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE