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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : CORPOLICENSE, INC
Account Number : I20050000118
Phone : (305) 774-9606
Fax Number : (305) 774-9660

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: albert66@yahoo.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
ALPER CARING SERVICES, CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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10 AUG 26 PM 4: 17
DIVISION OF CORPORATIONS

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10 AUG 26 AM 9: 17

ARTICLES OF INCORPORATION
of
ALPER CARING SERVICES, CORP

We, the undersigned, hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida. Providing for the formation, rights, privileges, immunities, and liabilities of incorporation for profit.

ARTICLE I

The name of the corporation should be:

ALPER CARING SERVICES, CORP

ARTICLE II

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

ARTICLE III

The maximum number of shares, which the corporation is authorized to issue and have outstanding at any one time, is **100** shares of common stock, one dollar (\$1,00) par value. All stock is to be issued as fully paid and exempt from assessment.

ARTICLE IV

The pledge, sale, transfer or other disposition of the capital stock may be governed and restricted by the by-laws or written agreement among the stockholders that shall be on file in the office of the corporation.

ARTICLE V

The amount of capital with which its corporation may begin doing business shall be not less than five hundred dollars (\$ 500.00).

ARTICLE VI

The existence of the corporation is perpetual.

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ARTICLE VII

The initial address of the principal office of the corporation in the State of Florida is **1411 SW 67TH AVE # 48, MIAMI, FL 33144**. The board of directors may from time to time move the principal office to any other address in the State of Florida.

The registered address of the corporation is **1411 SW 67TH AVE # 48, MIAMI, FL 33144**. Registered agent at the address is **ALBA PEREZ**.

ARTICLE VIII

The business of the corporation shall be managed by a board of directors consisting of no less than one or more than five directors. A quorum for the holding of a meeting of the board of directors and for the transactions of any business which will be properly done by the directors on behalf of the corporation shall consist of majority of members thereof; but the directors by unanimous consent in writing, included among the minutes of the corporation, may consent to the doing of any act and such consent in writing shall have the same force and effect as though the said act had been done and authorized at a meeting at which a quorum had been present, or such duties may be delegated to an executive committee.

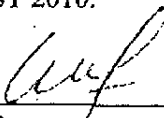
ARTICLE IX

The names and post office of the members of the first board of directors and the slate of corporate officers are as follow

ALBA PEREZ
AS PRESIDENT/TREASURER/SECRETARY
1411 SW 67th Ave # 48
Miami, FL 33144

ARTICLE X

THE STOCK OF THE CORPORATION MAY BE ISSUED PURSUANT TO THE PROVISIONS OF SECTION 1244 OF THE INTERNAL REVENUE SERVICE THE BENEFITS PROVIDED THEREUNDER. IN WITNESS WHEREOF, WE THE INCORPORATORS HEREUNTO SET OUR HANDS AND SEALS, THIS 26 DAY OF AUGUST 2010.

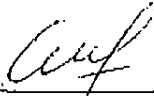


Alba Perez
1411 SW 67th Ave # 48
Miami, FL 33144

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON ITS PROCESS MAY BE SERVED.

Pursuant to the provisions of the section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida. The name of the corporation is **ALPER CARING SERVICES, CORP.** Desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the city of **MIAMI**, State of Florida has named **ALBA PEREZ**, located in **1411 SW 67TH AVE # 48**, in the State of Florida, County of **DADE**.

Having been named as registered 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 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 obligations of my position as Registered Agent.



Alba Perez
1411 SW 67th Ave # 48
Miami, FL 33144

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