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**FLORIDA PROFIT/NON PROFIT CORPORATION  
BETTER CARE OF CENTRAL FLORIDA, INC.**

Certificate of Status	0
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**ARTICLES OF INCORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

*Better Care of Central Florida, Inc.*

**ARTICLE II - PRINCIPAL OFFICE**

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

*5055 NW 7 Street  
Suite 409  
Miami FL 33126*

**ARTICLE III - SHARES**

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

*100 SHARES*

**ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

*Alfredo J MORFFI  
5055 NW 7 Street  
Suite 409  
Miami FL 33126*

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**ARTICLE V - INCORPORATOR**SECRETARY OF STATE  
TREASURER, FLORIDA

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

Alfredo J MORFFI  
5055 NW 7 STREET  
SUITE 409  
MIAMI FL 33126

The undersigned incorporator has executed these Articles of Incorporation this

21 day of January 2011.  
Signature**ARTICLE VI - DIRECTOR (S)**

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

ALFREDO J MORFFI (P)

**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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