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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

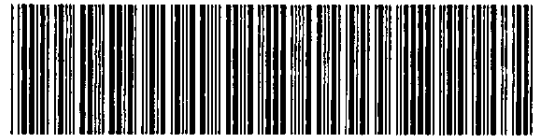
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

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

**SUBJECT:** EMPOWERMENT COMPANION CARE SERVICES, 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:** Marie St. Juliette-Pierre  
Name (Printed or typed)

16238 N.W. 19th Street  
Address

Pembroke Pines, FL 33028  
City, State & Zip

954-376-0054  
Daytime Telephone number

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

## Articles of Incorporation

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

### FIRST

The name of the corporation is: **EMPOWERMENT COMPANION CARE SERVICES, INC.**

### SECOND

The period of its duration is Indefinite.

### THIRD

The purpose of the corporation is: Home Care, Companion Adult Services.

### FOURTH

The aggregate number of authorized shares is 1000 shares Par-Value \$1.00

### FIFTH

The corporation will not commence business until at least One Thousand (\$1,000.) Dollars have been received by it as consideration for the issuance of Shares.

### SIXTH

Cumulative Voting of shares of stock are authorized.

### SEVENTH

Provisions Limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are: Approved by both the Stockholders and Board of Directors.

### EIGHT

Provisions for regulating the internal affairs of the corporation are The Managing Partners (Corporate Officers) will be responsible for all day to day operation.

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TALLAHASSEE, FLORIDA

**NINTH**

The address of the initial Registered Office of the corporation is:  
16238 N.W. 19<sup>th</sup> Street, Pembroke Pines, Fl 33028  
and the name of it's initial Registered Agent at such address is:  
Marie St. Juliette-Pierre

**TENTH**

Address of the principal place of business is:  
16238 N.W. 19<sup>th</sup> Street, Pembroke Pines, Fl 33028

**ELEVENTH**

The number of directors constituting the initial board of directors of the corporation is Two, and the names and address of the persons who are to serve as directors until the first annual meeting of the Shareholders or until their successors are elected and shall qualify are:

NAME

ADDRESS

- |   |  |
|---|--|
| * Marie St. Juliette-Pierre, Pres /Treas. | 16238 N.W. 19 <sup>th</sup> Street, Pembroke Pines, Fl 33028 |
| * Perin B. Pierre, Vice President. /Sec   | 16238 N.W. 19 <sup>th</sup> Street, Pembroke Pines, Fl 33028 |

**TWELFTH**

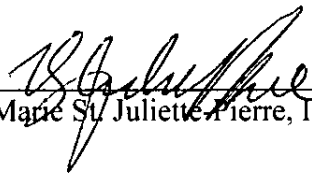
The name and address of each incorporator is:

NAME

ADDRESS

- |  |  |
|--|--|
| * Marie St. Juliette-Pierre, Pres/Treas. | 16238 N.W. 19 <sup>th</sup> Street, Pembroke Pines, Fl 33028 |
| * Perin B. Pierre, Vice President./Sec.  | 16238 N.W. 19 <sup>th</sup> Street, Pembroke Pines, Fl 33028 |

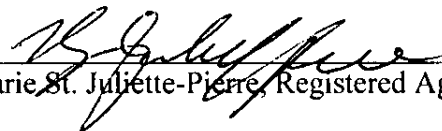
Date: January 07, 2011

  
Marie St. Juliette-Pierre, Incorporator

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Perin B. Pierre, Incorporator

Having been named as Registered Agent and to accept services of process for the 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, my position as Registered Agent.

  
Marie St. Juliette-Pierre, Registered Agent