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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 24 AM 10:22

W11-57915
am 10/25/11

CHUCK MOGBO, P.A.

Certified Public Accountant

Suite 209
2800 W. Oakland Park Blvd.
Oakland Park, FL 33311
Tel (954) 739-4669
Tel (954) 739-1966
Fax (954) 739-0889

cpa

September 28, 2011

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32399

Dear Sirs,

RE: ARTICLES OF INCORPORATION RE: TRINITY HOMECARE REGISTRY, INC.

Enclosed is Articles of Incorporation for TRINITY HOMECARE REGISTRY, INC., as well as check in the amount of Seventy Eight Dollars and Seventy Five Cents (\$78.75).

Please process information and return it to us as soon as it is completed.

If I can be of further assistance, please call me at (954) 739-4669 or (954) 739-1966.

Sincerely,

Chuck Mogbo, P.A.

CHUCK MOGBO, C.P.A.

Encl.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 OCT 24 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 7, 2011

CHUCK MOGBO, P.A.
2800 W OAKLAND PARK BLVD SUITE 209
OAKLAND PARK, FL 33311

SUBJECT: TRINITY HOMECARE REGISTRY, INC.
Ref. Number: W11000051915

We have received your document for TRINITY HOMECARE REGISTRY, 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 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) 245-6901.

Pamela Smith
Regulatory Specialist II

Letter Number: 111A00023154

ARTICLES OF INCORPORATION

FOR

TRINITY NURSING HOMECARE REGISTRY, INC.

The undersigned incorporate(s), for the purpose of forming a corporation under the Business Corporation Act; hereby adopt(s) the following Articles of Incorporation.

ARTICLE 1- NAME

The name of the corporation shall be: TRINITY NURSING HOMECARE REGISTRY, INC.

ARTICLE II- PRINCIPAL OFFICE

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

3951 N. Haverhill Road
Suite 202
West Palm Beach, FL 33417

ARTICLE III- CAPITAL STOCK

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

100,000 SHARES HAVING A PAR VALUE OF ONE DOLLAR
(\$1.00) PER SHARE. THE CONSIDERATION TO BE PAID
FOR EACH SHARE OF STOCK SHALL BE FIXED BY THE
BOARD OF DIRECTORS.

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CHUCK MOGBO, P.A.
2800 W. OAKLAND PARK BLVD.
SUITE 209
OAKLAND PARK, FL 33311

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ARTICLE V - INCORPORATOR(S)

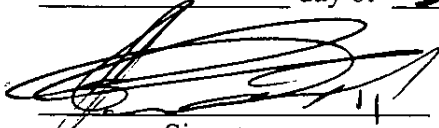
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is/(are):

Gabriel Smith
18612 S.W 41st Street
Miramar, FL 33029

Marie Smith
18612 S.W 41st Street
Miramar, FL 33029

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

28th day of September, 2011.


Signature


Signature

STATE OF FLORIDA
COUNTY OF BROWARD

Before me, the undersigned authority, duly authorized to administer oaths and take acknowledgments, personally appeared the subscriber(s), who after first being duly sworn, executed the foregoing Certificate of Incorporation, freely and voluntarily for the purpose therein expressed.

In witness whereof, I have hereunto set my hand and official seal at Fort Lauderdale, said county

and state, this 28th day of September, 2011.


NOTARY PUBLIC

State of Florida

At Large

My commission expires:



ARTICLE VI - NATURE OF BUSINESS

This Company is incorporated to engage in or transact any or all lawful activities of business permitted under the laws of the United States, the State of Florida, or any other State, County, Territory or Nation.

ARTICLE VII- TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VIII- OFFICERS

The name(s) and post office address(es) of the members of the Board of Directors and officer(s) who shall hold office for the corporation is (are) as follows:

Gabriel Smith/ President
18612 S.W 41st Street
Miramar, FL 33029

Marie Smith/Secretary/Treasurer
18612 S.W 41st Street
Miramar, FL 33029

ARTICLE IX - BYLAWS

The Bylaws of this Corporation may be adopted, altered, amended or repealed by either the Shareholders or Directors.

ARTICLE X - INDEMNIFICATION

This Corporation shall indemnify any Officer or Director, or any former Officer or Director, to the fullest extent permitted by law.

ARTICLE XI - PREEMPTIVE RIGHTS

Every Shareholder, upon the sale for cash of any new stock of this Corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his prorata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE XII - AMENDMENT

This Corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, in accordance with the provisions of the Florida Business Corporation Act.

CERTIFICATE OF DESIGNATION
REGISTERED/AGENT REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501, Florida Statutes, the Undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the state of Florida.

The name of the corporation is: TRINITY NURSING HOMECARE REGISTRY, INC.

2. The name and address of the registered agent and office is:

CHUCK MOGBO, P.A.
2800 W. OAKLAND PARK BLVD.
SUITE 209
OAKLAND PARK, FL 33311

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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 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: _____

CHUCK MOGBO/PRESIDENT

DATE: _____

TRINITY HOMECARE REGISTRY, INC.