

7/10/12

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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
Cyra Home Care, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
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DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION

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:

Cyra Home Care, Inc.

ARTICLE II PRINCIPAL OFFICE

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

604 Koala Court
Kissimmee, FL 34759

ARTICLE III SHARES

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

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Bibi Safinaz Khan
604 Koala Court
Kissimmee, FL 34759

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Prepared By:

Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

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

**Bibi Safnaz Khan - President/Director
604 Koala Court, Kissimmee, FL 34759**

ARTICLE VI INCORPORATOR(S)

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

**Bibi Safnaz Khan
604 Koala Court, Kissimmee, FL 34759**

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

6th day of July 2012



**Bibi Safnaz Khan
Signature**

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Cyra Home Care, Inc.

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

Bibi Safnaz Khan
Name

604 Koala Court
(P.O. Box or Mail Drop Box NOT Acceptable)

Kissimmee, FL 34759
(City / State / Zip)

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Bibi Safnaz Khan
Bibi Safnaz Khan
SIGNATURE

07/06/2012
(Date)

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SECTION OF QUALIFICATION

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