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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

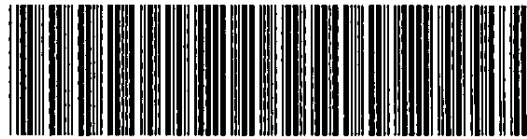
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY 01 2013

M. SOLOMON

COVER LETTER

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SUBJECT: Century Home Care II, 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: Henry Garcia
Name (Printed or typed)
300 71st Street Ste 440
Address
Miami Beach, FL 33141
City, State & Zip
305-868-4725
Daytime Telephone number
centuryhomecare@aol.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Century Home Care II, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2840 NW 2nd Ave Ste 101
Boca Raton, FL 33431

Mailing address, if different is:
300 71st Street Ste 440
Miami Beach, FL 33141

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A for profit company that deals primarily
in the business of Home Health Care.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mercedes Garcia, President
Address: 2840 NW 2nd Ave Ste 101
Boca Raton, FL 33431

Name and Title: Henry Garcia, Vice President
Address: 2840 NW 2nd Ave Ste 101
Boca Raton, FL 33431

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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TALLAHASSEE, FLORIDA

(cont.)

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Henry Garcia
 Address: 2840 NW 2nd Ave
Boca Raton, FL 33431

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TALLAHASSEE, FLORIDA

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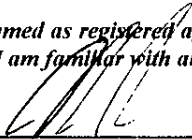
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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Henry Garcia
 Address: 2840 NW 2nd Ave
Boca Raton, FL 33431

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

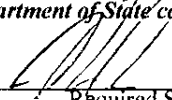


Required Signature/Registered Agent

4/2/13

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

4/2/13

Date