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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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13 OCT 10 AM 11:05

**FLORIDA PROFIT/NON PROFIT CORPORATION
ASISTENCIA DOMICILIARIA INTEGRADA CORPORATION**

Certificate of Status	0
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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DIVISION OF CORPORATIONS

ARTICLE I NAME
The name of the corporation shall be: ASISTENCIA DOMICILIARIA INTEGRADA CORPORATION

13 OCT 10 AM 11:05

ARTICLE II PRINCIPAL OFFICE
Principal street address

2250 SW 3RD AVE
SUITE 301
MIAMI, FL 33129

Mailing address, if different is:

(SAME)

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: GENERAL PURPOSE

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>ADOLFO HERRERA</u>	Name and Title:	<u>P.S.D</u>
Address	<u>2250 SW 3RD AVE</u>	Address:	<u></u>
	<u>SUITE 301</u>		<u></u>
	<u>MIAMI, FL 33129</u>		<u></u>

Name and Title:	<u>SANDRA VILLAVECES</u>	Name and Title:	<u>VP-D</u>
Address	<u>2250 SW 3RD AVE</u>	Address:	<u></u>
	<u>SUITE 301</u>		<u></u>
	<u>MIAMI, FL 33129</u>		<u></u>

Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>

13 OCT 10 AM 11:05

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: SANDRA VILLAVECES
Address: 2250 SW 3RD AVE SUITE 301
MIAMI, FL 33129

ARTICLE VII INCORPORATOR


The name and address of the incorporator is:

Name: ADOLFO HERRERA
Address: 2250 SW 3RD AVE SUITE 301
MIAMI, FL 33129

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

 10/09/2013
Required Signature/Registered Agent 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.

 10/09/2013
Required Signature/Incorporator Date