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FLORIDA PROFIT/NON PROFIT CORPORATION GUARDIAN ANGELS AHS, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

. The name of the corporation shall be:

AHS, INC. Guardian Angels

ARTICLE II PRINCIPAL OFFICE

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

8461 lakeworth RD # 241

ARTICLE HI PURPOSE

The purpose of this corporation shall be:

AT HOME CARE Services.

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorize to have outstanding is:

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

NORA DominguEZ

Bylo1 lakeworth RD #241 lakeworth FL 33467

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TRE: Arianna, Conzalez

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8461 lake worth RD #241

rateuseth 1233467.

84411 a Kewbeth PD# 241 lakeworth, FL 33467.

ARTICLE VI BOARD OF DIRECTOR (S)

The name and address of the initial board of director(s) shall be:

P: NORA DOMINGUEZ

8461 lakeworth RD #241.

lakeworth FL 33467.

VP. Francisco Fuentes. 84101 lakeworth eD #241

lake worth, FL 33467.

ARTICLE VII OFFICER (S)

The name, title and address of the officer(s) of this corporation shall be:

P: DORA Dominguez

84401 Jakeworth RD #241

1ake worth FL 33467.

VP: Francisco Fuentes. Soul lakeworth eD # 24 1

lakeworth FL 33467.

ARTICLE VIII INCORPORATOR (S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

P. Woza Dominguez

8461 Jareworth 20#241

10keworth FL 33467.

The undersigned him (have) executed these Articles of Incorporation this 21 day of

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED 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, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE