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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
ABREU NURSING HEALTH, INC.**

| | |
|-----------------------|---------|
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ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a Profit Corporation under chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be: ABREU NURSING HEALTH, INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation shall be: 7505 NW 169TH LANE, HIALEAH, FL 33015

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is 100 shares common stock having \$1.00 par value.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

OMAR ABREU
7505 NW 169TH LANE
HIALEAH, FL 33015

ARTICLE VII

The name and address of the board of directors shall be:

PRESIDENT/SECRETARY/TREASURER

OMAR ABREU
7505 NW 169TH LANE
HIALEAH, FL 33015

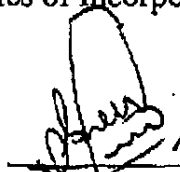
ARTICLE VIII

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

OMAR ABREU
7505 NW 169TH LANE
HIALEAH, FL 33015

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TALLAHASSEE, FLORIDA

The undersigned has executed these Articles of Incorporation this 16TH Day of JUNE 2015.



INCORPORATOR

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

ABREU NURSING HEALTH, INC.

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 Agent and agree 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

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