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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC

Account Number : 120000000019

Fax Number

Phone : (305)552-5973 : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION FAMILY CARE CENTER OF NORTH MIAMI INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

JUL 1 5 2015

S. GILBERT

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of Family Care (enter of North of Doc # MAM)

PD 7000053184 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

Albania Hernander

ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:	
Family care Center of North Miam	11
ARTICLE II PRINCIPAL OFFICE:	į
The principal street address and mailing address is:	-
15476 NW 77 C+ #435	
Miami Lakes / FL 33016	!
क्रिक उ	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Albania Hernandez (P) 5	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:	
Albania Hernandez Hernandez	
15476 NW 77C+ #435	
10-110 1000	
Miami Lakes , FL 33016	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Albania Hernandez	
15476 NW 77C+ #435	
miami Lakes FL 32016	

#15000169190

Required Signatures:

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

Registered Agent

07/09/15

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

Incorporator

27 /05 /