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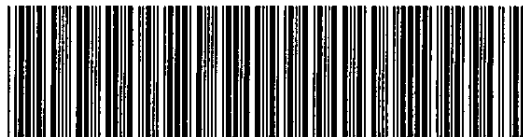
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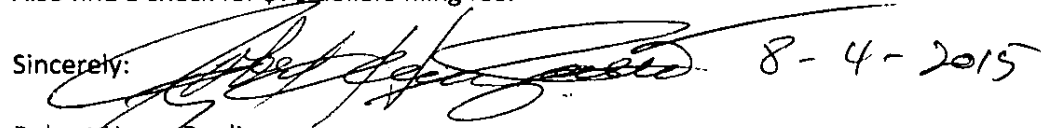
Dear Secretary of State:

Find enclosed Article of Incorporation for Appleheart Home Health Care, Inc.

Enclosed are an original and two (2) copies of these articles, please stamp one and return with articles.

Also find a check for \$70 dollars filing fee.

Sincerely:

 8-4-2015
Robert Henry Poulin
8398 Cherish Drive
Micco, Florida 32976

Cell: 772-205-7044

Email: poulinhaiku@hotmail.com

Check# 1272
PNC BANK
Sebastian, FL

ARTICLES OF INCORPORATION

APPLEHEART HOME HEALTH CARE, INC.

(in compliance with Chapter 607 and/or Chapter 621, F.S. (profit))

ARTICLE I: The name of the corporation is: Appleheart Home Health Care, Inc.

ARTICLE II: The principle place of business and mailing address is: 8398 Cherish Drive, Micco, Florida 32976

ARTICLE III: The purpose of the business is Senior Services

ARTICLE IV: The number of shares of stock that the corporation is authorized is 1000 common shares

ARTICLE V: The name, addresses, and titles of the directors/officers is:

Robert Henry Poulin, Board of Directors, CEO
8398 Cherish Drive
Micco, Florida 32976

Queenvi Ang Manlangit, Board of Directors, President
504 Ramia Building
Defence Road
Abu Dhabi, UAE

ARTICLE VI: The name and address of the registered agent is: Robert Henry Poulin, 8398 Cherish Drive, Micco, Florida 32976

ARTICLE V: The name and address of the incorporator is: Robert Henry Poulin, 8398 Cherish Drive, Micco, Florida 32976

ARTICLE VI: All business may be transacted at designated places as prescribed in the by-laws or via media as cell phone, email, and any other means approved by the Board of Directors.

ARTICLE VII: The Board of Directors may appoint the officers make and conduct major business decisions.

ARTICLE VIII The effective date of the corporation shall be on the acceptance of these articles

ARTICLE IX The corporation shall have perpetual existence

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 to act in this capacity:


Robert Henry Poulin, Date: 8-4-2015

I submit this document and affirm that the facts stated herein are true. I am aware that 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.


Robert Henry Poulin, Date: 8-4-2015

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