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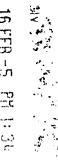
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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: DH HO	ME CARE, INC			
50bbEc1	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:	
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status	
	ADDITIONA		L COPY REQUIRED	
FROM:		e (Printed or typed)		
/80 ——	95 SW 129 CT	Adduses		
		Address		
ML	AMI, FL 33183			
	City	, State & Zip	·	
(78	6)597-3339			
	Daytime 1	Telephone number		
dail	en71@yahoo.com			
	F-mail address: (to be use	d for future annual report	notification)	

NOTE: Please provide the original and one copy of the articles.

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

7805 SW 129 CT	NCIPAL OFFICE Principal street address	Ma	Mailing address, if different is:		
Miami, Florida 3318	3				
ARTICLE III PUR The purpose for whice	RPOSE the the corporation is organized is:	all lawful business			
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ARTICLE IV SHA The number of shares	4RES 50 of stock is:				and a second sec
The number of shares ARTICLE V INI	of stock is: TIAL OFFICERS AND/OR DIRECTORS			<i>c</i> -	,
The number of shares ARTICLE V INI	TIAL OFFICERS AND/OR DIRECTORS Dailen M. Hernandez, President 7805 SW 129 CT			<i>c</i> -	,
The number of shares ARTICLE V INI Name and T	TIAL OFFICERS AND/OR DIRECTORS Dailen M. Hernandez, President 7805 SW 129 CT	Name and Title:		<i>c</i> -	,
The number of shares ARTICLE V INI Name and T	TIAL OFFICERS AND/OR DIRECTORS Title: 7805 SW 129 CT	Name and Title:		<i>c</i> -	,
The number of shares ARTICLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Title: 7805 SW 129 CT	Name and Title: Address:			
The number of shares ARTICLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Dailen M. Hernandez, President 7805 SW 129 CT Miami, Fl 33183	Name and Title: Address: Name and Title:		-	
The number of shares ARTICLE V INI Name and T Address Name and T	TIAL OFFICERS AND/OR DIRECTORS Dailen M. Hernandez, President 7805 SW 129 CT Miami, Fl 33183	Name and Title: Address: Name and Title: Name and Title:		-	
The number of shares ARTICLE V INI Name and T Address Name and Ti Address	TIAL OFFICERS AND/OR DIRECTORS Dailen M. Hernandez, President 7805 SW 129 CT Miami, Fl 33183	Name and Title: Address: Name and Title: Name and Title: Address:			
The number of shares ARTICLE V INI Name and T Address Name and Ti Address	TIAL OFFICERS AND/OR DIRECTORS Dailen M. Hernandez, President 7805 SW 129 CT Miami, Fl 33183	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:			

	Socia Miller of the	N ATTIVI		
Name and Title	Sailen M. Hernandet Presidente	Address:		
117/41/000	7805 SW 129 CT.			
	Miani P2 33183			
Name: Z	STEREDAGENT street address (P.O. Box NOT acceptable) o Safle M. Henande 805 SW 129.CT. Liam: FL-33183.	<u>.</u> t		
ARTICLE VII INCO	<u>DRPORATOR</u>			
The name and address	· , , , , , , , , , , , , , , , , , , ,			
Name:	Dailes N. Herna	· -		
Address:	7805 SW 129 Ct.	<u>.</u>		
	Mian; FL-33183	_		
(If an effective date is days after the filing.) Note: If the date inser	than the date of filing: listed, the date must be specific and cannot ted in this block does not meet the applicable			
the document's effective	ve date on the Department of State's records.			
Having been named a this certificate, I am fa	s registered agent to accept service of proces miliar with and accept the appointment as re	s for the above stated corporation g gistered agent and agree to act in ti	at the place designated in his capacity	
X Milas			02/01/16	
· proff	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.				
x DD-b.			02/01/16	
Required S	ignature/Incorporator		Date	