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SECRETARY OF STATE
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**FLORIDA PROFIT/NON PROFIT CORPORATION
SENIORVILL HOME CARE, INC.**

Certificate of Status	0
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SECRETARY OF STATE
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ARTICLES OF INCORPORATION

16 MAR 30 PM 12:59

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: SENIORVILL HOME CARE, 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: 6982 DEARBORN PLACE BOYNTON BEACH, FL 33437

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 1,000 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.

ARTICLE VI

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

KAREN BROWN
6982 DEARBORN PLACE
BOYNTON BEACH, FL 33437

ARTICLE VII

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

PRESIDENT
KAREN BROWN
6982 DEARBORN PLACE
BOYNTON BEACH, FL 33437

ARTICLE VIII

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

KAREN BROWN
6982 DEARBORN PLACE
BOYNTON BEACH, FL 33437

The undersigned has executed these Articles of Incorporation this 29TH Day of MARCH 2016.

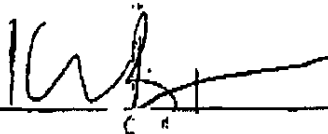


INCORPORATOR

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

SENIORVILL HOME CARE, 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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