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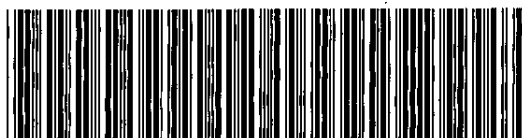
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**DATE: 5/11/16**

**NAME: ETERNAL LIFE HOPE HOME HEALTH CARE INC.**

**TYPE OF FILING: ARTICLES**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Attache*

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## **ARTICLES OF INCORPORATION**

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

### **ARTICLE I      NAME**

The name of the corporation shall be:

ETERNAL LIFE HOPE HOME HEALTH CARE INC.

### **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailing address is:

5906 W 18TH AVENUE  
MIAMI, FLORIDA 33012

### **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

### **ARTICLE IV      SHARES**

The number of shares of stock is:

100 COMMON SHARES PAR VALUE \$0.10

### **ARTICLE V      INITIAL OFFICERS / DIRECTORS**

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT  
ESPERANZA Y ARIAS LINARES  
5906 W 18TH AVENUE  
MIAMI, FLORIDA 33012

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**ARTICLE VI      REGISTERED AGENT**

The name and Florida street address of the registered agent is:

ESPERANZA Y ARIAS LINARES  
5906 W 18TH AVENUE  
MIAMI, FLORIDA 33012

**ARTICLE VII      INCORPORATOR**

The name and street address of the incorporator is:

ESPERANZA Y ARIAS LINARES  
5906 W 18TH AVENUE  
MIAMI, FLORIDA 33012

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ESPERANZA Y ARIAS LINARES / Registered Agent

05/10/2016  
Date

*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.*



ESPERANZA Y ARIAS LINARES /Incorporator

05/10/2016  
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.*