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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
CCH ADULT DAY TRAINING PROGRAM CORP

Certificate of Status	0
Certified Copy	1
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6/21/16

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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 is:

CCH Adult Day Training Program corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

9544 SW 140 CT
Miami , FL 33186

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ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Yamillet Gonzalez (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Yamillet Gonzalez
9544 SW 140 CT
Miami FL 33186

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Yamillet Gonzalez
9544 SW 140 CT
Miami FL 33186

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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 — Date: 6/10/16

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.

Incorporator — Date: 6/16/16

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TALLAHASSEE FLORIDA