

**Electronic Articles of Incorporation
For**

P17000031358
FILED
April 05, 2017
Sec. Of State
tburch

NEW DIMENSION FAMILY CARE INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

NEW DIMENSION FAMILY CARE INC.

Article II

The principal place of business address:

849 SW HAMBERLAND AVE
PORT ST LUCIE, FL. US 34953

The mailing address of the corporation is:

849 SW HAMBERLAND AVE
PORT ST LUCIE, FL. US 34953

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.FAMILY CARE HOME

Article IV

The number of shares the corporation is authorized to issue is:

100

Article V

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

DWAINE HIBBERT
849 SW HAMBERLAND AVE
PORT ST LUCIE, FL. 34953

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: DWAINE HIBBERT

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Article VI

The name and address of the incorporator is:

DWAINE HIBBERT
849 SW HAMBERLAND AVE

PORT ST LUCIE

Electronic Signature of Incorporator: DWAIN HIBBERT

I am the incorporator submitting these Articles of Incorporation 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
DWAINE HIBBERT
849 SW HAMBERLAND AVE
PORT ST LUCIE, FL. 34953