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DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
ZION TENDER HOMECARE SERVICES, INC.

The undersigned, for the purpose of forming a corporation under the laws of the State of Florida, do hereby adopt the following articles of incorporation:

ARTICLE ONE - NAME

The name and address of the corporation are:

ZION TENDER HOMECARE SERVICES, INC.
16950 North Bay Road, #1008, Sunny Isles, FL 33160

ARTICLE TWO - CORPORATE DURATION

The duration of the corporation is perpetual.

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TALLAHASSEE, FLORIDA

ARTICLE THREE - PURPOSES

The general purposes for which the corporation is organized are:

1. To engage in the business of providing needed Home Care Services throughout the State of Florida.
2. To engage in any other trade or business which can, in the opinion of the board of directors of the corporation, be advantageously carried on in connection with or auxiliary to the foregoing business.
3. To do such other things, as are incidental to the foregoing or necessary or desirable in order to accomplish the foregoing.

ARTICLE FOUR - CAPITALIZATION

The aggregate number of shares which the corporation is authorized to issue is 2000 shares. Such shares shall be of a single class, and shall have a par value of One Dollar (\$1.00) per share.

ARTICLE FIVE - REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the corporation is 16950 North Bay Road, #1008, Sunny Isles, FL 33160, and the name of its initial registered agent at such address is Richelle Leconte.

ARTICLE SIX - DIRECTORS

The number of directors constituting the initial board of directors of the corporation is three (3). The name and address of each person, who is to serve as a member of the initial board of directors are:

Maxime R. Leconte - President
16950 North Bay Road, #1008, Sunny Isles, FL 33160

Richelle Leconte- Vice President
16950 North Bay Road, #1008, Sunny Isles, FL 33160

Richelle Leconte – Secretary/Treasurer
16950 North Bay Road, #1008, Sunny Isles, FL 33160

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ARTICLE SEVEN - INCORPORATORS

The name and address of incorporator is:

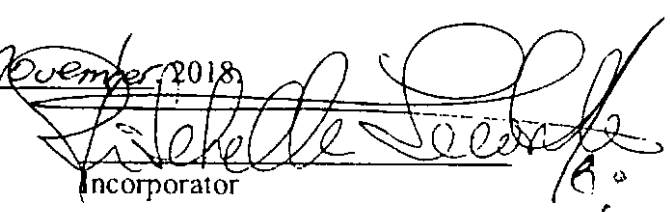
Name: Richelle Leconte – Vice President

Address: 16950 North Bay Road, #1008, Sunny Isles, FL 33160

ARTICLE EIGHT - LIMITATION OF LIABILITY

Each director, stockholder and officer, in consideration for his services, shall, in the absence of fraud, be indemnified, whether then in office or not, for the reasonable cost and expenses incurred by him in connection with the defense of, or for advice concerning any claim asserted or proceeding brought against him by reason of his being or having been a director, stockholder or officer of the corporation or of any subsidiary of the corporation, whether or not wholly owned, to the maximum extent permitted by law. The foregoing right of indemnification shall be inclusive of any other rights to which any director, stockholder or officer may be entitled as a matter of law.

Executed by the undersigned on this 1st day of November, 2018.


Incorporator

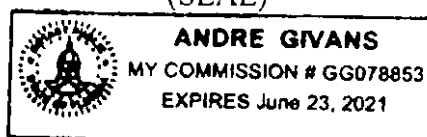
STATE OF Florida)

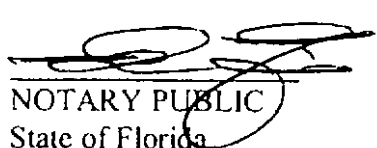
COUNTY OF BROWARD)

BEFORE ME, the undersigned authority, on this 1st day of November, 2018, personally appeared Richelle Leconte to me well known to be the persons described in and who signed the Foregoing, and acknowledged to me that they executed the same freely and voluntarily for the uses and purposes therein expressed.

WITNESS my hand and official seal the date aforesaid.

(SEAL)




NOTARY PUBLIC

State of Florida

My Commission Expires: 06/23/21

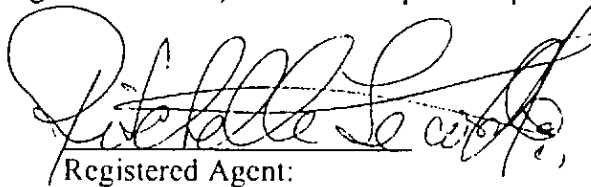
DESIGNATION OF AND ACCEPTANCE BY REGISTERED AGENT

The following is submitted in compliance with the laws of the State of Florida. ZION TENDER HOME CARE SERVICES, INC. is a corporation organizing under the laws of the State of

Florida, with its principal office located at 16950 North Bay Road, #1008, Sunny Isles, FL 33160 has named Richelle Leconte, whose address is 16950 North Bay Road, #1008, Sunny Isles, FL 33160 as its agent to accept service of process within this State.

ACCEPTANCE

I agree as Registered Agent to accept Service of Process; to keep the office open during prescribed hours; to post my name (and any other officers of said corporation authorized to accept service of process at the above designated address) in some conspicuous place in the office as required by law.


Registered Agent:

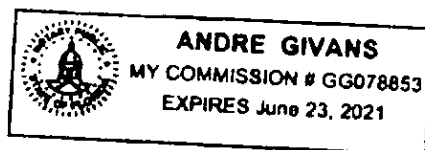
STATE OF Florida
COUNTY OF Broward

BEFORE ME, the undersign authority, this day personally appeared Richelle Leconte, who, after being duly sworn, deposes and says that the facts and matters contained above are true and correct, and that she has executed the same for the purposes expressed herein.

WITNESS my hand and official seal the date aforesaid.

(SEAL)


NOTARY PUBLIC
State of Florida
My Commission Expires: 06/23/21



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