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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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FLORIDA PROFIT/NON PROFIT CORPORATION BRITO HOME HEALTH INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge \$78	

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:		
Brito Home Health INC.		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
6405 NW 36 St Virginia Gandons FL 33166 Suite 110		
FL 33/66 Suite 110		
ARTICLE III SHARES: The number of shares of stock is:		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICELS:		
Enrique Pablo Brito Ramos. (P)		
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		
The name and Florida street address (PO Box not acceptable) of the registered agent is:		
Enrique Pablo Brito Ramos		
Gardens Fl 33166 Suite110		
Claradis II Object Consens		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
Enrique Pablo Brito Ramos		
6405 NW 36 St Virginia		
Gardens F1 33/66 Suite 110		

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



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 \$.817.155, F.S.

Incorporator Date