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To:

Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 Phone

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FLORIDA PROFIT/NON PROFIT CORPORATION CARE XPERT HOME CARE CORP

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

EIN: 99.1718202

ARTICLE 1 NAME: The name of the corporation is:
Care Xpert Home Care Corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 8/80 NW 36 Th ST Swite 416 Donal. Fla 33/66.
ARTICLE IV INITIAL DIRECTORS AND OR OFFICE RG
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE RS:
Yanobys González Valdes P Lisset Scott Hueso VP
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not accentable) of the registered screet in
Lysset Scott Hueso
\$180 NW 36th ST Suite 416 333 5
<u> </u>
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Varobys Conzalez Valdes Lisset Scott Hueso 8180 NW 36Th ST Suite 446. Donal Fla. 33166
8180 NW 36Th ST Svite 416.
Donaf. Fla. 33/61.

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

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

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SECREDATE TO THE OFFICE AND THE OFFI

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