

Telephone  
305-731-4741

FULLER ACCOUNTING AND MANAGEMENT SERVICES  
4699 North State Road 7.  
Tallahassee, Florida 32319.

P9500012210

The Secretary of State  
State of Florida  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314.

15000001-40151816  
-02/13/95--01001--002  
\*\*\*122.50 \*\*\*122.50

Re: Home Aide Assistance Services, Inc.

Attached herewith is an original and a copy of Incorporation papers  
re the above, and the amount of One Hundred & Twenty-two Dollars & 50 Cents

1. Articles of Incorporation	35.00 <sub>2</sub>
2. Registration of Agent	35.00
3. Certified copy of Articles of Incorporation	52.50

Your usual kind attention will be appreciated.

Yours Truly,

FULLER ACCOUNTING AND MANAGEMENT SERVICES

By. Lloyd L. Fuller  
Lloyd L. Fuller.

FILED  
95 FEB 10 AM 8 56  
TALLAHASSEE, FLORIDA  
\$ 122.50  
SECRET  
DATE  
VOID

T. BROWN FEB 14 1995

ARTICLES OF INCORPORATION  
OF

HOME AIDE ASSISTANCE SERVICES, INC.

FILED  
95 FEB 10 AM 8 56  
SEC. 1  
FILED  
1994

The undersigned subscriber to these Articles of Incorporation a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE 1. NAME

The name of the corporation shall be:

HOME AIDE ASSISTANCE SERVICES, INC.

The principal place of business of this corporation shall be

1615 N.W. 38th Ave, Lauderdale, Florida 33311

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have at any one time is 1,000 shares of common stock having a \$1 par value per share.

ARTICLE IV. ADDRESS

The address of the initial registered office of the corporation shall be 3365 N.W. 32nd Court, Lauderdale Lakes, Florida 33309, and the name of the initial registered agent of the corporation at that address is

Lloyd L. Fuller DBA Fuller Accounting And Management Services  
Fl.Reg#. G92366000459

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually

ARTICLE VI. PREEMPTIVE RIGHTS

Every shareholder upon the sale for cash of any new stock of this corporation of the same kind, class, or series as that which he already holds, shall have the right to purchase his pro rata share thereof at the price at which it is offered to others.

ARTICLE VII. SPECIAL PROVISION

The stock of this corporation is intended to qualify under the requirements of Section 1244 of the Internal Revenue Code and the regulations issued thereunder. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

ARTICLE VIII. OFFICERS AND DIRECTORS.

This corporation shall have one Director and two officers initially. The name and street address of the directors and initial officers who shall hold office for the first year of the corporation or until his successor is elected or appointed is:

CHIJIKE AZUOGU

Pres. Director Treasurer/Secretary

2433 N.W. 55th Ave.

Lauderhill, Florida 33313

**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

CHIJOKE AZUOGU  
2433 N.W. 55th Ave.,  
Lauderhill, Fl. 33313

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 24<sup>th</sup> day of November, 1994

Signature(s) of Incorporator(s)

X  
\_\_\_\_\_  
Chijoke Azuogu  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF BROWARD

THE FOREGOING instrument was acknowledged and sworn to before me this 24<sup>th</sup> day of November, 1994, by CHIJOKE AZUOGU  
(Name of incorporator)  
of HOME AIDE ASSISTANCE SERVICES, INC.  
(Name of Corporation)

Notary Public

[Signature]  
My Commission Expires: \_\_\_\_\_

(SEAL)

ARTICLES OF INCORPORATION FILING FEE:

~~~~~  
KAREN MCLENNAN  
Notary Public  
My Commission Expires 12/31/97  
~~~~~

**CERTIFICATE DESIGNATING  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: HOME AIDE ASSISTANCE SERVICES, INC.

2. The name and address of the registered agent and office is:

LLOYD L. FULLER DBA, FULLER ACCOUNTING AND MANAGEMENT SERVICES FIReg # G92366000459

3365 N.W. 32nd Court  
(P. O. BOX NOT ACCEPTABLE)

Lauderdale Lakes, Fl. 33309  
(CITY/STATE/ZIP) CHIJIOKE AZUOGU

SIGNATURE [Signature]  
(Corporate Officer)

TITLE PRESIDENT/DIRECTOR

DATE 1/22/94

RECEIVED  
FEB 10 AM 8 56  
FIDELITY & SECURITY

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE By: [Signature]  
(Registered Agent)

DATE 1/22/94

REGISTERED AGENT FILING FEE: