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STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

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SUITE 200
MIAMI FL 33135-
CONTACT: RAY STORMONT
PHONE: (305) 541-3694
FAX: (305) 541-3770

(((H95000005254)))
DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: DEPENDABLE CARE SERVICE, INC.
FAX AUDIT NUMBER: H95000005254
CURRENT STATUS: REQUESTED
DATE REQUESTED: 05/10/1995
TIME REQUESTED: 14:56:34
CERTIFIED COPIES: 0
CERTIFICATE OF STATUS: 0
NUMBER OF PAGES: 4
METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: $70.00
ACCOUNT NUMBER: 072450003255

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FILED
95 MAY 11 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Acceptance
W-9962

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MAY-10-1995 14:49 FROM EMPIRE TO 19049224000 P.01

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 11, 1995

EMPIRE CORPORATE KIT COMPANY

MIAMI, FL

SUBJECT: DEPENDABLE CARE SERVICE, INC.
REF: W95000009962

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

FAX Aud. #: H95000005254
Letter Number: 995A00023922

Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

R & R Accounting
1800 SW 1st #312
Miami, FL 33135
(305) 541.0790
Rolando Trujillo

ARTICLES OF INCORPORATION

OF

DEPENDABLE CARE SERVICE, INC.

FILED
95 MAY 11 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H95000005254

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: DEPENDABLE CARE SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3290 West 8 Avenue
Hialeah, FL 33012

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100 Shares of Common Stock, $1.00 Par Value.

H95000005254

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Alejandro Lazaro Castillo
3290 West 8 Avenue
Hialeah, FL 33012

H95000005254

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Alejandro Lazaro Castillo, President
3290 West 8 Avenue
Hialeah, FL 33012

Amehed Abdel Salasar, Vice President
3290 West 8 Avenue
Hialeah, FL 33012

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

1 day of May, 1995.

Signature

Signature

Signature

Articles of Incorporation
Filing Fee - $35

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

H95000005254

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: DEPENDABLE CARE SERVICE, INC.

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

Alejandro Lazaro Castillo
(Name)

3290 West 8 Avenue
(P.O. Box not acceptable)

Hialeah, FL 33012
(City/State/Zip)

FILED
95 MAY 11 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

May 1, 1995

H95000005254

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL