P95000038258

(Requestor's Name 890 S.W. 87 AVEN (Address) MIAMI, FLORIDA (City, State, Zip) LOCAL REPRESENTA	33174 (305)552-5973 (Phone #)	OFFICE USE ONLY	55 IIX 15 II DO
(904)385-6735			700001489317 -05/16/9501197006 ****122.50 ****122.50
CORPORATION NAM	E(s) & DOCUMENT NUMI	BER(S) (if known):	
1. BREATH	OF LIFE C	PARE IN	ノニ
	on Name)	(Document #)	
2. (Corporation	n Neme)	(Document #)	
3			
(Corporatio	n Nema)	(Document #)	
4. (Corporation	on Nerne)	(Document #)	
Walk in Pic	k up time 2100	Certified Copy	
Mail out W	ill wait Photocopy	Certificate of St	atus
NEW FILINGS	AMENDMENTS		
Profit	Amendment		
NonProfit	Resignation of R.A., Officer,	/Director	<u> </u>
Limited Liability	Change of Registered Agent	<u> </u>	RE Division
Domestication	Dissolution/Withdrawal		
Other	Merger		# <u>7</u> O
			- A - C - C - C - C - C - C - C - C - C
OTHER FILINGS	REGISTRATION/ QUALIFICATION		CEIVED Y 15 AH IO OF CORPORAL
Annual Report	Foreign		EIVED 15 Mid 44 Cerperation
Fictitious Name	Limited Partnership		
Name Reservation	Reinstatement	NANCY HENDRICKS MAY: 1 5 1995	
	Trademark	<u></u>	
ŀ		Еха	miner's Initials

Other

CR2E031(10/92)

TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT:

BREATH OF LIFE CARE, INC. (PROPOSED CORPORATE NAME)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$122.5).

FROM:

Justo J. Ruiz NAME(PRINTED OR TYPED)

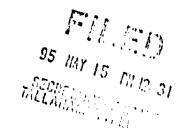
3015 SW 99 CT.
ADDRESS

-MIAMI, FL. 33165 CITY, STATE, & ZIP

(305) 886-2455

TELEPHONE NUMBER

Note: Please provide the original and one copy of the Articles.



ARTICLES OF INCORPORATION

OF

BREATH OF LIFE CARE, INC.

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

ARTICLE I NAME

The name of the corporation shall be:

BREATH OF LIFE CARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

3015 SW 99 COURT MIAMI, FL 33165

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

THE CORPORATION IS AUTHORIZED TO ISSUE 100 SHARES WITH A PAR VALUE OF \$5.00 PER COMMON STOCK WHICH SHALL BE DESIGNATED "COMMON SHARES".

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Justo J. Ruiz 3015 SW 99 CT. MIAMI, FL 33165

ARTICLE V INCORPORATOR(S)

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

Justo J. Ruiz 3015 SW 99 CT. MIAMI, FL 33165 - PRESIDENT/D/ V.P./R.A./ TREASURER

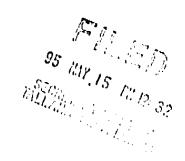
The undersigned incorporator Articles of Incorporation th	(s) has (have) executed these is // day of May
19 <u>95</u> .	Cool. R.

STATE OF Florida

COUNTY OF Dade

The foregoing instrument was acknowledged before me this day of 19 by 19 who is personally known to me or who has produced 77 172 as identification and who did take an oath.

Notary Public Signature_ Commission expires:



CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Purauant to the provisions of sections 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 FL.

1. The name of the corporation is:

BREATH OF LIFE CARE, INC.
2. The name and address of the registered agent and office is:
Justo J. Ruiz (NAME)
3015 SW 99 CT. (P.O.BOX NOT ACCEPTABLE)
MIAMI, FL 33165 (CITY/STATE/ZIE)
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE 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 POSITIONS REGISTERED AGENT. REGISTERED AGENT'S SIGNATURE
STATE OF Thrida COUNTY OF Dade
The foregoing instrument was acknowledged before me this // day of // 19 95 by // Who is Name of Applicant
personally known to me or who has produced $\overline{\mathcal{L}}_{-}\mathcal{L}_{-$
as identification and who did take an oath. Notary Public Signature Silvia Tana Commission expires: Type Grail Exary SEAL SILVIA TRANA NOTARY PUBLIC STATE OF FLORID COMMISSION NO. CC189458 MY COMMISSION EXP. MAR. 29,199
Commission expires: