P95000054288

File Edit Source Special Emulation 05:52

((H95000007787))) ELECTRONIC FILING COVER SHEET

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

FROM: HOSSANA CARE, INC.
7950 S.W. 40 STREET, SUITE 211-C
MIAMI FL 33155-
CONTACT: ROLANDO TRUJILLO
PHONE: (305) 541-0790
FAX: (305) 541-4015

((H95000007787))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: HOSSANA CARE, INC.
FAX AUDIT NUMBER: H95000007787
DATE REQUESTED: 07/13/1995
CERTIFIED COPIES: 0
NUMBER OF PAGES: 3
ESTIMATED CHARGE: $70.75
CURRENT STATUS: REQUESTED
TIME REQUESTED: 14:09:40
CERTIFICATE OF STATUS: 1
METHOD OF DELIVERY: FAX
ACCOUNT NUMBER: 071324000655

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit Number on the top and bottom of all pages of the document.

((H95000007787)))

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

F1=Help F10=Menu bar F5=Logging [OFF] F6=Printer [OFF]

7/13/95

FILED
95 JUL 13 PM 5:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
95 JUL 13 PM 2:58
DIVISION OF CORPORATIONS

JUL-13-95 THU 02:21 PM RAR ACCOUNTING &TAX SERV 5414015 P.01

H95000007787

ARTICLES OF INCORPORATION

OF

HOSSANA CARE, INC.

FILED
95 JUL 13 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: HOSSANA CARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

7950 S.W. 40 Street, Suite 211-C
Miami, FL 33155

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.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Mayra Fernandez Nogueira
7950 S.W. 40 Street, Suite 211-C
Miami, FL 33155

Prepared by:
Mayra Fernandez Nogueira
7950 SW 40 St. #211-C
Miami, FL 33155
Tel#: 310-8570

H95000007787

H95000007787

ARTICLE V INCORPORATOR(S)

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

Mayra Fernandez Nogueira, President
7950 S.W. 40 Street, Suite 211-C
Miami, FL 33155

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

12 day of July, 19 95.

Mayra Nogueira
Signature

Signature

Signature

H95000007787

H95000007787

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

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: HOSSANA CARE, INC.

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

Mayra Fernandez Nogueira
(Name)

7950 S.W. 40 Street, Suite 211-C
(P.O. Box not acceptable)

Miami, FL 33155
(City/State/Zip)

FILED
95 JUL 13 PM 5:40
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.

Mayra Nogueira
(Signature)

July 12, 1995

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

H95000007787