0067466 Address ((2011) 5/1. 55/2/ 305. 552-552 7 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. 130 fe 551011d C 12001 (Ocument #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) La Certified Copy Walk in Photocopy Certificate of Status ☐ Mail out ☐ Will wait AMENDMENTS NEW FILINGS Amendment NonProfit Resignation of R.A., Officer, Director Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Merger REGISTRATION/ OTHER FILINGS Annual Report

> Examiner's Initials 8/31/99

Profit

Other

Fictitious Name

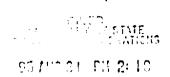
Name Reservation

Foreign

Limited Partnership

Reinstatement Trademark Other

### ARTICLES OF INCORPORATION



The under gned 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:

PROFESSIONAL ELDERLY CARE INC.

#### ARTICLE II PRINCIPAL OFFICE

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

3401 S.W. 72 CT. MIAMI, FLORIDA, 33155.-

#### ARTICLE III SHARES

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

ONE HUNDRED SHARES (100) WITH (\$5.00) DOLLARS PER VALUE PER SHARE.

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the Initial registered agent is:

ENMA GARCIA

3401 S.W. 72 CT. MIAMI FL 33155.-

## ARTICLE V INCORPORATORISI

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

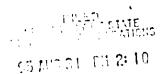
ENMA GARCIA

3401 S.W. 72 CT, MIAMI, FL, 33155.-

Articles of Incorporation Filing Fee - \$35

Signatura

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE



Pursuant 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 Florida.

1.	The name of the corporation is: PROFESSIONAL ELDERLY CARE INC.
2.	The name and address of the registered agent and office is:
	ENMA GARCIA
	(NAME)
	3401 S.W. 72 CT,
	(P.O. BOX NOT ACCEPTABLE)
	MIAMI, FLORIDA, 33155
	(CITY/STATE/Z,,?)

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 × DATE August 30,1995.-