P96000 9307 (SAMPLE LETTER OF TRANSMITTAL)

Date

P O. Box 6327 Talahassee, Ft. 32314	福度	95 FR	
Re: MARNOR CARE CORP., Inc. (name of corporation)		B 13 PM	֝֝֡֜֜֜֝֓֜֝֜֜֜֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֡֓֓֡֓֜֜֓֡֓֡֓֜֓֡֓֡֓֜֓֡֡֓֓֡֓֜֜֜֡֓֡֓֜֜֜֓֡֡֓֜֜֜֡֡֓֜֜֜֓֡֡֜֜֜֓֓֡֓֜֜֜֓֡֓֜֜֜֜֜֜

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

00001713940 -02/3/96--01076--010 ****122.50 ****122.50

ORGITA RIVERA
(individual's name)

MARNOR CARE CORP.

(name of corporation)

MAILING ADD	DRESS OF CORPORATION
7511 NO	u. 73 st.
SUITE	18, 41A41. Fl. 33166
	24.5245
(305) 80	
Area Code	Number Ext.

3/17/010 2/19/010

ARTICLES OF INCORPORATION

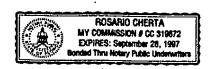
(name of corporation)

MARNOR CARE CORP.

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent 96 offEe (AlGrefy) for 24 corporation under the laws of the State of Florida. SECRETARY OF STATE TALLAHASSEE, FLORIDA ARTICLE 1 - CORPORATE NAME The name of the corporation is: CARE CORP. ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE, IV - CAPITAL STOCK The corporation is authorized to issue ONE HUNDRED shares (100) of ONE) par value Common Stock, which shall be designated "Common Shares." Dollar(s) (S /. 00 ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT The principal office, if known, or the mailing adress of the corporation is: CORP. ZIP 3.3/66 The name and street address of the Initial Registered Agent of this Corporation is: NAME ZIP BB/K FLORIDA ARTICLE VI - INITIAL BOARD OF DIRECTORS addresses of the initial director(s) of the corporation are as follows: NAME ADDRESS STATE CITY ADDRESS CITY NAME ADDRESS STATE ZIP

ARTICI The names and addresses of the incorporators	LE VII - INCORPORATORS	pertion are as follows.
NAME ORGITA RIVERA		AND SECRETAR
ADDRESS 3180 SW. 22 St.		
CITY MIANI	state <i>F</i>	1. 211 33/4
SAME LUIS A. LIMA (Vice. PASSIDENT A	NO TREASURER
ADDRESS 3/70 CORAL WAY	7.	
CITY MIAHI	STATE F/	. zn \$5/46-
NAME.	······································	
ADDRESS		
CITY	STATE	ZIP
-	The state of the s	(Scal)
STATE OF FLORIDA		BBB TA P.UTA
COUNTY OF DADE . SS	352-54-2780 - 267-43 6741	LUIS A. LIMA.
before me, a Notary Public authorized to take acknow	owledgements in the State and Co	unty set forth above, personally
Orgita Rivera.		,
known to me and known to be the person(s) what the execute	no executed the foregoing Articles of Incorporation	es of Incorporation, and who
IN WITNESS WHEREOF, I have hereunto affixed my lay of Sanually, 19 96.	y hand and seal, in the State and Co	ounty aforesaid, this <u>30</u>
(Notary Seal) (Not	DUSCINO Chur Lay Public, Sume of Florida at Large	tu.

My Commission expires:



CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

MARNOR CARE CORP.

Pursuant to Florida Statutes Sections 48.091, and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at .	MAR	NOR	CARE	CORP.		
	7511	νω	73 57	SUITE	118, M.	F/.33/66
has.	n am ed	1015	A. 214	A		
			dress, as its Reg		accept service	e of process
	in this state		_	_	•	

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registred agent)

96 FEB 13 PM 1: 2: ECRETARY OF STATE