P96000026002

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. CONTINUUM CARE SYSTEMS, INC.
   (Corporation Name)   (Document #)

2. _____
   (Corporation Name)   (Document #)

3. _____
   (Corporation Name)   (Document #)

4. _____
   (Corporation Name)   (Document #)

☑ Walk in   ☒ Pick up time _2100_   ☐ Certified Copy

☐ Mail out   ☐ Will wait   ☐ Photocopy   ☐ Certificate of Status

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAR 25 PM 1:28

NEW FILINGS	
X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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96 MAR 25 AM 11:02
DIVISION OF CORPORATION

CR2E031(1/95)

Examiner's Initials   CJ 3/25/96

ARTICLES OF INCORPORATION

OF

CONTINUUM CARE SYSTEMS, INC.

THE UNDERSIGNED, has executed the following document
as incorporator of the above named corporation, a corporation
organized under the laws of the State of Florida, and all
rights, duties and obligations of the undersigned as incor-
porator, and those of the corporation, are to be determined
in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:

CONTINUUM CARE SYSTEMS, INC.

ARTICLE II

This corporation shall commence existence upon the
filing of these Articles of Incorporation by the Department
of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and
purposes proposed to be transacted and carried on by this
corporation are to do any and all of the things herein
mentioned, as fully and to the same extent as natural per-
sons might do, viz:

(1) / Transact any and all lawful business.

(2) Said corporation shall further have powers:

To have perpetual succession by its corporate
name;

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 500 shares, having an individual par value of $1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

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GAMALIEL RIVERA
12000 BISCAYNE BLVD. #108
MIAMI, FLORIDA  33181
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The Principal office shall be:

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12000 BISCAYNE BLVD. #108
MIAMI, FLORIDA  33181
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ARTICLE VI

The initial Board of Directors shall consist of a total of three(3) person, and the name and address of the person who is to serve as an initial director is:

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PRESIDENT:      PAULO DOMINGUEZ
                20225 N.E. 34 AVE.
                N.MIAMI BEACH, FL.  33180

V.PRESIDENT:    JOSEPH A. LUPO
                7783 CEDAR
                LAKE WORTH, FL  33467

SECRETARY/
TREASURER:      GAMALIEL RIVERA
                12000 BISCAYNE BLVD. #108
                MIAMI, FLORIDA  33181
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The name and address of the incorporator executing
these Articles of Incorporation is:

GAMALIEL RIVERA
12000 BISCAYNE BLVD. #108
MIAMI, FLORIDA   33181

IN WITNESS WHEREOF, the undersigned incorporator has
(ve) executed these Articles of Incorporation this __22__ day
of __MARCH_____, 19_96_ .

_____   _____

The name of the corporation is:___CONTINUUM CARE SYSTEMS, INC._____

_____

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

_____GAMALIEL RIVERA_____
                    (NAME)

_____12000 BISCAYNE BLVD. #108_____
            (P.O. BOX NOT ACCEPTABLE)

_____MIAMI, FLORIDA   33181_____
                (CITY/STATE/ZIP)

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 PER-
FORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGA-
TIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

DATE . 3/22/96 _____