APR-04-6 17:44 5:05 PM 8 PUBLIC ACCEAS (((1190) TO: 4 33135-**STORMONT** CONTACT: RAY PHONE: (305) 541-3094 004) FAX: FAX: (305) 641-3770 FLORIDA PROFIT CORPORATION OR P.A. (((H96000004899))) DOCUMENT TYPE: NAME: QUALITY ELDERLY CARE, INC. CURRENT STATUS: REQUESTED FAX AUDIT NUMBER: H96000004699 TIME REQUESTED: 17:05:55 DATE REQUESTED: 04/04/1996 CERTIFICATE OF STATUS: 0 CERTIFIED COPIES: 1 METHOD OF DELIVERY: FAX NUMBER OF PAGES: 4 ACCOUNT NUMBER: 072450003255 ESTIMATED CHARGE: \$122.50 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. (((H96000004899))) ** ENTER 'M' FOR MENU. ** ENTER SELECTION AND (CR): Help F1 Option Menu F2

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This Document Prepared By: Ivette Halphen Leon, Esq. Florida Bar No.: 981834 Law Offices of Ivette Halphen Leon 815 N.W. 57th Avenue Suite 342 Miami, Florida 33126 (305) 261-9191

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SECRETARY OF STATE
TALLARY SSEET = LORDA

ARTICLES OF INCORPORATION OF OUALITY ELDERLY CARE, INC.

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 1 NAME

The name of the corporation shall be:

QUALITY ELDERLY CARE, INC.

ARTICLE II PRINCIPLE OFFICE

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

15864 S.W. 85 Lane Miami, Florida 33193

ARTICLE III CAPITAL STOCK

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

100 Shares Common Stock/\$10,00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ALVARO ZABALETA 15864 S.W. 85 LANE MIAMI, FLORIDA 33193

ARTICLE V INCORPORATORS

The names and street addresses of the incorporators to these Articles of Incorporation are;

ALYARO ZABALETA 15864 S.W. 85 LANE MIAMI, FLORIDA 33193

YAMIRA B, ZABALETA 15864 S.W. 85 LANE MIAMI, FLORIDA 33193

The undersigned has executed these Articles of Incorporation this _____ day of April, 1996.

CERTIFICATION OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designs ing the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:

QUALITY ELDERLY CARE, INC.

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

ALVARO ZABALETA
15864 S.W. 85 LANE
MIAMI, FLORIDA 33193

4/4/96 DATE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SER JICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGN ATED 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 PROFER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

COMPLETE PERFORMAN ACCEPT THE OBLIGATION Date

ALVARO ZAGALETA, TREASURER