Requestor's Name 890 S.W. 87 AVENUE SUITE: 16 MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip \*\*\*\*\*78.75 Office Use Only LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): ECARE SYSTEMS CORP. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time 9,00 Certified Copy Mail out Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment NonProfit | Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent DIVISION OF CORPORATION 96 OCT 11 AM11: 07 Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

# ARTICLES OF INCORPORATION TALLANDER PH 2:06

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:

QUICK TRAHSFORT & CARE Systems ODEP.

#### ARTICLE II PRINCIPAL OFFICE

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

600 HE 36 ST # 1917 WIAWI, FL 33137 ARTICLE III SHARES

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

100 SHARES At \$ 1.00 PAR VAIUE

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Guillerma Donadio 8820 Em 132 PC Suite 109 MANI FC 33186

### ARTICLE V 'INCORPORATOR(S)

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

Luis F. CAGAllero

600 NE 36 st. \$1917 WIAMI, FL 33137

#### ARTICLE VI DIRECTOR(S)

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

Cuis. F. Caballero:

600 HE. 36 ST #1917 LIAWI, FL 33137

The undersigned inco	rporator(s) has(have) executed these Articles of Incorporation this
9	day of October, 19 96.
	x Luis J. Calaller
	Signature
	Signature
	Signature

## 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: QUICK TRAHS	Pori	_
	\$ CARE SYSTEMS CORF	<u> </u>	
2.	The name and address of the registered agent and office is:		
-	Guillerus DonaDio	··	
	(NAME)	36 001	_
	8820 św 132 Pl # 1	<b>09</b> –	1 L 1 L 1 L 1 L 1 L 1 L 1 L 1 L 1 L 1 L
	(P.O. BOX NOT ACCEPTABLE)	PI PI	<del>-</del> []]
	MIAWI, FL 33186	1 2: 0	
	(CITY/STATE/ZIP)	0m >	

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.

DATE OCT. 9, 1996