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11/19/96

FLORIDA DIVISION OF CORPORATIONS  
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TO: DIVISION OF CORPORATIONS  
FROM: FAS-T CORP. AGENTS, INC.  
CONTACT: LIDIA FERNANDEZ  
PHONE: (305) 599-0839

FAX #: (904) 922-4001

ACCT#: 071001002335

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NAME: YOUSEFF HOME CARE INC.  
AUDIT NUMBER.....H96000016350  
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.  
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305-599-0839

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**ARTICLE OF INCORPORATION**  
**OF**

YOUSEFF HOME CARE INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

YOUSEFF HOME CARE INC.

The principal place of business of this corporation shall be:

14752 SW 123 AVE  
MIAMI, FL 33186

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 SHARES X \$10.00 = \$1,000.00

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

Prepared by: Luis Carlos Jinete  
14752 S.W. 123rd Ave.  
Miami, FL 33186  
(305) 887-4185

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**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

LUIS CARLOS JINETE  
14752 SW 123 AVE  
MIAMI, FL 33186

DIRECTOR

**ARTICLE VI INCORPORATOR(S)**

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

LUIS CARLOS JINETE  
14752 SW 123 AVE  
MIAMI, FL 33186

PRESIDENT (100 SHARES)

The undersigned has(have) executed these Article of Incorporation this 19th day of NOVEMBER, 1996.

  
\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

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TALLAHASSEE  
STATE

**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: \_\_\_\_\_  
\_\_\_\_\_  
YOUSSEF HOME CARE INC.
2. The name and address of the registered agent and office is \_\_\_\_\_  
\_\_\_\_\_  
LUIS CARLOS JINETE  
(Name)  
\_\_\_\_\_  
14752 SW 123 AVE  
(P. O. BOX NOT ACCEPTABLE)  
\_\_\_\_\_  
MIAMI, FL 33186  
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE X 

DATE NOVEMBER 19, 1996

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