PA6000101035

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, Fl. 32314

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SUBJECT: MAG HOME CARE NATIONAL INC.

(Proposed corporate name-must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

()\$70.00 ()\$78.75 (X)\$122.50 ()\$131.25

400002013764--8 -11/26/96--01037--018 ****122.50 ****122.50

FROM:

MAG HOME CARE NATIONAL INC.

Name (printed or typed)

3383 NW 7 ST. SUITE #300

Address

MIAMI FL. 33125

City, State & Zip

305 644-2214

Daytime Telephone number

19



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State

December 4, 1996

MAG HOME CARE NATIONAL INC 3383 N.W. 7TH ST SUITE 300 MIAMI, FL 33125

SUBJECT: MAG HOME CARE NATIONAL INC.

Ref. Number: W96000025362

We have received your document for MAG HOME CARE NATIONAL INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must state the number of shares of authorized stock.

Please provide complete business street addresses for the directors, officers and incorporators.

A corporation may not serve as its own registered agent. Please designate an individual, another active domestic corporation, or a foreign corporation authorized to transact business within this state, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

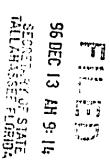
Loria Poole Corporate Specialist

Letter Number: 996A00054372

TRANSMITTAL LETTER

Department of State Division of Corporations P.O.Box 6327 Tallahassee, Fl. 32314

CUDICCT.	MAC	3 HOME C	ARE NATIO	NAL INC.		
SUBJECT:		(Proposed	corporate na	me-must i	nclude suffix)	
Enclosed is an o	riginal and one	(1) copy of	the articles of	incorpora	ation and a chec	k for:
	()\$70.00	() \$78.75	(X) \$122	.50 ()	\$131,25	
	EnO	• • -	G HOME CA	RE NATIO	ONAL INC.	
	FRO	N: N	Name (printed or typed)			
		338	3 NW 7 ST.	SUITE !	#300	
			Ad	dress	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	•	MIA	AMI FL.	33125		
		C	ty, State & Z	ip	· · ·	
		305	644-2214			·
		Da	ytime Teleph	one numbe	er	



ARTICLES OF INCORPORATION

The undersigned incorpotator(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
	MAG HOME CARE NATIONAL INC.
The name of the corporation shall be: _ hereafter referred to as the corporation	is an entity operating pursuant to the Florida Statutes

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 3383 NW 7 ST SUITE 300 MIAMI FL, 33125

as they pertain to for profit corporation doing business within its jurisdiction.

ARTICLE III SHARES

500 Shares \$ 1.00 par value

The number of chares the corporation is authorized to issue is

The corporation is authorized to issue more than one class of shares. The relative rights,
preferences, and limitations of the shares of each class, and each series within a class will be
determined prior to issuance by a majority vote of the stockholders of record. The initial shares
issued will be authorized by the incorporators of record.

ARTICLE IV AMENDMENTS AND BY-LAWS

Amendments to the Articles of Incorporation will be voted on and approved by a majority of the stockholders of record. By-laws to the corporation will be established as needed by the Board of Directiors and when deemed necessary voted on the stockholders of record.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and ad MAGALI G. RO	dress of the initial re DRIGUEZ 3383 h	rgistered agent is : NW 7 ST SUITE 300 MIAMI FL 33125
	ARTICLE VI	INCORPORATOR (S)
MAGALI G. RO	DRIGUEZ	3383 NW 7 ST SUITE 300 MIAMI FL 33125
22	NOV	(have) executed these Articles of Incorporation /EMBER 96
this	day of	Signature 19
		Signature
		Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PERSUANT 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 DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

MAG HOME CARE NATIONAL INC.

2. The name and address of the registered agent and office is: MAGALI G RODRIGUEZ (Name) 3383 NW 7 ST SUITE 300 (P.O. Box not acceptable MIAMI FLORIDA 33125 (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 of the service of grocess for the above stated corporation at the place designated in this certificate, I Hereby accept the appointment of the service of grocess for the above stated corporation at the place designated in this certificate, I Hereby accept the appointment of the service of grocess for the above stated corporation at the place designated in this certificate, I Hereby accept the appointment of the proper and complete performance of my duties, and I am familiar with and accent the obligations of my confidence of my duties, and I am familiar with and accent the obligations of my confidence of my duties, and I am familiar with and accent the obligations of my confidence of my duties, and I am familiar with and accent the obligations of my confidence of my duties, and I am familiar with and accent the obligations of my confidence of my duties, and I am familiar with and accent the obligations of my confidence of my duties, and I am familiar with and accent the obligations of my confidence of my duties, and I am familiar with and accent the obligations of my confidence of my duties, and I am familiar with and accent the obligations of my confidence of my duties, and I am familiar with and accent the obligations of my confidence of my duties, and I am familiar with and accent the obligations of my confidence of my duties, and I am familiar with and accent the obligations of my confidence of my duties, and I am familiar with and accent the obligations of my confidence of my duties, and I am familiar with an accent the obligations of my confidence of my duties, and I am familiar with an accent the obligations of my confidence of my confidence of my co	1. The name	of the corporati	on is :					
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DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FLORIDA