PAGOMO1035

TRANSMITTAL LETTER

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

SUBJECT:

96 DEC 13 AN 9: 14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAG	HOME	CARE NA	TIONAL	INC.
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(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---E -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

umber 10/0



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary 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

MAG HO SUBJECT:	ME CARE NATIONAL INC.		
(Pr	oposed corporate name-must include s	uffix)	
Enclosed is an original and one (1) c	opy of the articles of incorporation and	i a check for:	
()\$70.00 ()	\$78.75 (X) \$122.50 () \$131.25		
	MAG HOME CARE NATIONAL	INC.	
FROM:	Name (printed or typed)		
	3383 NW 7 ST. SUITE #300		
	Address		
	MIAMI FL. 33125		
	City, State & Zip		
·-	305 644-2214 Daytime Telephone number		

96 DEC 13 AH 9: 14
SECRETARY OF STATE
TALLAHASSEF FI OBINA

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:				
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				
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				

ARTICLE IV AMENDMENTS AND BY-LAWS

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.

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 address of the initial re MAGALI G. RODRIGUEZ 3383 I	rgistered agent is : NW 7 ST SUITE 300 MIAMI FL 33125
ARTICLE VI	INCORPORATOR (S)
MAGALI G. RODRIGUEZ	3383 NW 7 ST SUITE 300 MIAMI FL 33125
	s (have) executed these Articles of Incorporation VEMBER 96
	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.

1.	The name	e of the corporat	ion is :		· · · · · · · · · · · · · · · · · · ·			
2.	The name		the registered a		ffice is:			
		3383	(Name) NW 7 ST SUIT	ΓE 300				
		MIAMI	•	x not acce 33125	ptable	···		
	•		(City/S	State/Zip)			-	
reg I fi per	rporation gistered ag urther agr rformance	at the place desigent and agree to see to comply with to fmy duties, an	ered agent and t gnated in this ce act in this capa th provisions of d I am familiar v	ertificate, I acity. all statutes	Hereby accept relating to the	pt the appoint	mentes Somplet	المنظمة
ро 	sition as r	egistered agent. Mignature	Slugg		11/5	EE FLORIDA	AH 9: II4	

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FLORIDA