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AM VENS D SAMBUR

1065 NE 126th Street

Suite 321

North Miami FL. 33161

City/State/Zip

Phone #

500002180435--1

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*****70.00 *****70.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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| NEW FILINGS | |
|-------------|-------------------|
| | Profit |
| | NonProfit |
| | Limited Liability |
| | Domestication |
| | Other |

| AMENDMENTS | |
|------------|--|
| | Amendment |
| | Resignation of R.A., Officer/ Director |
| | Change of Registered Agent |
| | Dissolution/Withdrawal |
| | Merger |

| OTHER FILINGS | |
|---------------|------------------|
| | Annual Report |
| | Fictitious Name |
| | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| | Foreign |
| | Limited Partnership |
| | Reinstatement |
| | Trademark |
| | Other |

FILED
97 MAY 15 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

May 19, 1997

ANIVENS DESAMOURS
1065 NE 126TH STREET
SUITE 321
NORTH MIAMI, FL 33161

SUBJECT: ALL CARE PROFESSIONAL SERVICES
Ref. Number: W97000011624

We have received your document for ALL CARE PROFESSIONAL SERVICES and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 487-6933.

Dana Calloway
Document Specialist

Letter Number: 397A00026774

ARTICLES OF INCORPORATION
of
ALL CARE PROFESSIONAL SERVICES Inc.,

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Chapter 607 of the Florida Business Corporation Act, the undersigned incorporator submits these articles of Incorporation for the purpose of forming a for-profit corporation.

Article 1. The name of the Corporation is: **ALL CARE PROFESSIONAL SERVICES Inc.**

Article 2. The principal place of business and mailing address of this corporation is:

**1065 NE 126th Street Suite 321
N. Miami Florida, 33161**

Article 3. The corporation is authorized to issue one class of stock, that being shares of no par value, common stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the corporation.

one thousand dollars (\$ 1.000.00)

Article 4. The name and address of the corporation's initial registered agent is:

**Jean-Robert Menard 150 NE 175th Street
N. Miami Beach Fl. 33162-1708**

Article 5. The name and street address of the incorporator of this corporation is:

**Anivens Desamours 19390 Collins Avenue #504-A
Miami Beach Fl.**

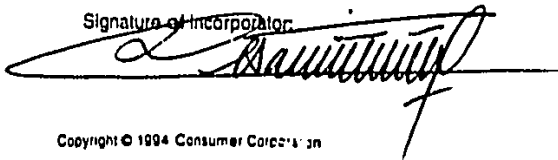
Article 6. No Director shall be held liable to the corporation or its shareholders for monetary damages due to a breach of fiduciary duty, unless the breach is a result of self-dealing, intentional misconduct, or illegal actions.

In witness whereof, the undersigned incorporator has executed these Articles of Incorporation on the date below. The undersigned incorporator hereby declares, under penalty of perjury, that the statements made in the forgoing Articles of Incorporation are true, and that the incorporator is at least eighteen years of age.

Date: **May 2nd, 1997.**

Name of Incorporator: **Anivens Desamours**

Signature of Incorporator:



**CERTIFICATE OF DESIGNATION
OF
REGISTERED OFFICE AND REGISTERED AGENT**

Pursuant to section 607.0501 of The Florida Business Corporation Act, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida.

1. The name and address of the corporation's registered agent and registered office is:

Name **JEAN-ROBERT MENARD**

Street address **150 NE 175th Street
N. MIAMI BEACH FLORIDA, 33162-1708**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Having been named as the 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.


Signature of registered agent.

✓ Date of signature: **5-13-97**