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

SUBJECT: KHALI-CARE, 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 Filing Fee

\$78.75 Filing Fee

& Certificate

\$122.50

Filing Fee & Certified Copy \$131.25

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

DOROTHY ROBINSON FROM:

Name (Printed or typed)

2580 NO. UNIVERSITY DRIVE

Address

33322 SUNRISE, FL

City, State & Zip

(561) 482 - 7375

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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ARTICLE I NAME

The name of the corporation shall be:

KHALI-CARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

2580 NO. UNIVERSITY DRIVE

SUNRISE, FL

33322

ARTICLE III SHARES

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

ONE THOUSAND (1,000) SHARES.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

DOROTHY ROBINSON

2580 NO. UNIVERSITY DRIVE, SUNRISE, FL 33322

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

DOROTHY ROBINSON

2580 NO. UNIVERSITY DR

SUNRISE, FL

33322

NEIL DUNCAN JR.

4652 NW 1ST STREET

PLANTATION, FL 33317

86/97

757112

OROTHY BORTHSON VHTOROC

NEIL DUNCAN JR.

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(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent

Date