

P98000032028

Requestor's Name

Address

100002479361--3  
-04/06/98-01029--011  
\*\*\*\*122.50 \*\*\*\*122.50

Office Use Only

NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
98 APR -6 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

*The undersigned incorporator(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

The name of the corporation shall be:

PALMA ADULT DAY CARE INC.

### ARTICLE II PRINCIPAL OFFICE

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

13359-13361 S.W. 40th Street  
Miami, Florida 33175

**FILED**  
98 APR -6 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE III SHARES

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

The aggregate number of shares which this Corporation shall have the authority to issue is One-thousand (1,000) Shares of Common Stock, No-Par Value. Each Share shall have equal rights with each other Share in respect to dividends, voting and in liquidation.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Thayluma Palma Gonzalez  
1015 N.W. 132 Court  
Miami, Florida 33182

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

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

Thayluma Palma Gonzalez-President, 51%  
Jose Palma - Vice President 49%  
1015 N.W. 132 Court  
Miami, Florida 33182

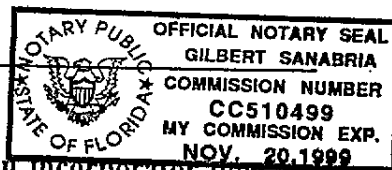
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

30th day of March, 19 98.

Thayluma Palma Gonzalez President.  
Signature

Jose Palma Gonzalez Vice President.  
Signature

Gilbert Sanabria  
Signature



**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT 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.

1. The name of the corporation is: PALMA ADULT DAY CARE INC.

2. The name and address of the registered agent and office is:

Thayluma Palma Gonzalez  
(NAME)

1015 N.W. 132 Court  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Miami, Florida 33182  
(CITY/STATE/ZIP)

**FILED**  
98 APR -6 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

*Thayluma Palma Gonzalez*  
(SIGNATURE)

03/30/98  
(DATE)