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LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

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(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

100002630071--4

-09/01/98--01041--012

\*\*\*\*125.00 \*\*\*\*125.00

OFFICE USE ONLY

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

1. YAMILA'S CARE FACILITY, INC. (Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)



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Certificate of Status

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NEW FILINGS	
<input checked="" 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

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DIVISION OF CORPORATION

Examiner's Initials

## ARTICLES OF INCORPORATION

The undersigned incorporate(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:

*YAMILA'S CARE FACILITY, INC.*

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### ARTICLE II PRINCIPAL OFFICE

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

*5750 N.W. 192th Street  
Miami, FL 33012*

### Article III Shares

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

*100 shares of stock*

### Article IV Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

*Yamila Delgado  
340 W. 62 Street  
Hialeah, FL 33012.*

## Article V Incorporate(s)

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

Yamila Delgado  
340 W 62 Street  
Hialeah, FL 33012.

Alberto Muria  
340 W 62 Street  
Hialeah, FL 33012

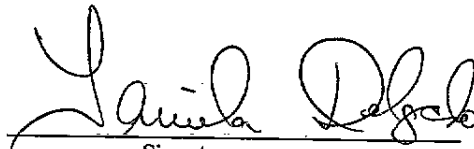
## Article VI Director(s)

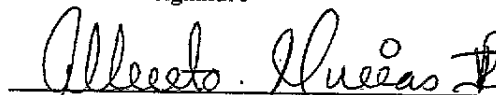
The name(s) and street address(Es) of the director(s) to these Articles of Incorporation is(are):

Yamila Delgado  
340 W 62 Street.  
Hialeah, FL 33012  
(President)

Alberto Muria  
340 W 62 Street  
Hialeah, FL 33012  
(Vice-President/Secretary)

The undersigned Incorporate(s) has (have) executed these Articles of Incorporation  
this 31 day of 08, 1998

  
Signature

  
Signature

\_\_\_\_\_  
Signature

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

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: YAMILA'S CARE FACILITY, INC.

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

Yamila Delgado  
5750 N.W. 192th Street  
Miami, Fl. 33015

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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 PROVIIONS OF ALL STATUS 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:  
DATE: 08/31/98

