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## ARTICLES OF INCORPORATION

#### OF

ANGEL SENIOR CARE, INC.

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 | NAME

The name of the corporation shall be: ANGEL SENIOR CARE, INC.



### ARTICLE II PRINCIPAL OFFICE

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

8153 N.W. 192 Street Miami, FL 33015

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares of common stock, \$1.00 par value.

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Irene Bouza 8153 N.W. 192 Street Miami, FL 33015

#### ARTICLE V INCORPORATOR(S)

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

Irene Bouza, PRESIDENT 8153 N.W. 192 Street Miami, FL 33015

Julie.
Signature PRESIDENT
Signature

Signature

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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	on is: ANGEL	SENIOR	CARE,	INC.		_
		<del>,</del>	<u>.</u>		<del></del>		
2.	The name and address of	ffice is:	TALLAHASSI	98 SEP 11	11		
	Irene Bouza					PK	
		(Name)			<u> </u>		
	815	53 N.W. 192 St	reet		OR	1: 30	
		(P.O. Box not a	cceptable)		- DX	Ť	
		Miami, FL 33	3015				
		(City/State/	Zip)				

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