OFFICE US PONLY (Document #)	10091433
LAZARIS CORPORATE FILING SERVICE (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #) LOCAL REPRESENTATIVE TALLAHASSEI	3000026913233 -11/19/9801038016 *****78.75 *****78.75
CORPORATION NAME(S) & DOCU	· · · · · · · · · · · · · · · · · · ·
(Corporation Name) 3. (Corporation Name) 4. (Corporation Name) Walk in Pick up time Mail out Will wait NEW FILINGS	(Document #) (D
Fictitious Name Name Reservation	Merger REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other Examiner's Initials

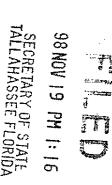
ARTICLES OF INCORPORATION

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:

MIAMI HEAVENLY HOME CARE ALF, INC.



ARTICLE II PRINCIPAL OFFICE

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

8560 S.W. 20th Terrace MIAMI, FLORIDA 33155

ARTICLE III SHARES

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

100 % @ \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DOLORES RIVERA 8560 S.W. 20th Terrace Miami, Florida 33155

ARTICLE V INCORPORATOR(S)

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

MIAMI HEAVENLY HOME CARE ALF, INC. DOLORES RIVERA 8560 S.W. 20th Terrace Miami, Florida 33155

ARTICLE VI DIRECTOR(S)

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

DOLORES RIVERA 8560 S.W. 20th Terrace Miami, Florida 33155

Articles of Incorporation Filing Fee - \$35

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.

The name and address of	the registered agent and office is:
,	
	DOLORES RIVERA (NAME)
	the state of the s
	8560 S.W. 20th Terrace
(P.Ö. F	BOX NOT ACCEPTABLE)
	Miami, Florida 33155
	(CITY/STATE/ZIP)
	(CITTOTATEIZIF)
NG BEEN NAMED AS REG CESS FOR THE ABOVE ST	ISTERED AGENT AND TO ACCEPT SERVICE OF

REGISTERED AGENT FILING FEE: \$35.00