

Charter Number Only

3940
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Requestor's Name
Address
City State ZIP Phone

STATE OF FLORIDA
CORPORATION ONLY

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-03/10/99--01006--029
*****78.75 *****78.75

CORPORATION(S) NAME

Schekina Homecare Services, Inc.

SECRETARY OF STATE
TALLAHASSEE FLORIDA
99 MAR 10 AM 10:48

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

RECEIVED
99 MAR 10 AM 9:54
CORPORATION
CERTIFIED COPY

Empire Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION

of

SCHEKINA HOMECARE SERVICES, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract hereby form a corporation under the laws of the State of Florida.

SECRETARY OF STATE
TALLAHASSEE FLORIDA
95 MAR 10 AM 10:48
FILED

ARTICLE I - CORPORATE NAME

The name of the corporation is:

SCHEKINA HOMECARE SERVICE INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ONE THOUSAND shares (1,000) of TEN Dollar(s) (\$ 10⁰⁰) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>ANIVENS DESAMOURS</u>		
ADDRESS	<u>2500 EAST Hallandale Beach BLVD #407A & B</u>		
CITY	<u>Hallandale</u>	FLORIDA	ZIP <u>33009</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>SCHEKINA HOMECARE SERVICES, INC.</u>		
ADDRESS	<u>2500 East Hallandale Beach BLVD #407A & B</u>		
CITY	<u>Hallandale</u>	FLORIDA	ZIP <u>33009</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have FOUR (4) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	ANIVENS DESAMOURS		
ADDRESS	2500 EAST HALLANDALE BCH BLVD #407A & B		
CITY	Hallandale	STATE	ZIP 33009
NAME	RITCHELLE DESAMOURS		
ADDRESS	2500 EAST HALLANDALE BCH BLVD #407A & B		
CITY	Hallandale	STATE	ZIP 33009
NAME	GERARDO BASTIEN		
ADDRESS	2500 EAST HALLANDALE BCH BLVD		
CITY	Hallandale	STATE	ZIP 33009

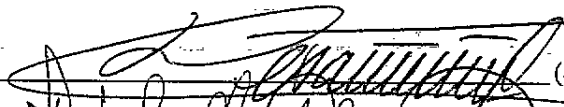
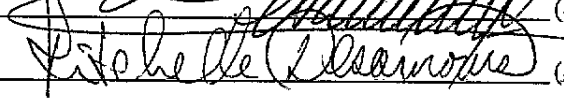
SEE NEXT PAGE FOR MORE →

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	ANIVENS DESAMOURS		
ADDRESS	2500 East Hallandale BCH BLVD #407A & B		
CITY	Hallandale	STATE FL	ZIP 33009
NAME	RITCHELLE DESAMOURS		
ADDRESS	2500 East Hallandale BCH BLVD #407A & B		
CITY	Hallandale	STATE FL	ZIP 33009
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 9th day of MARCH, 1999.

 (Seal)
 (Seal)
 _____ (Seal)

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have FOUR (4) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:


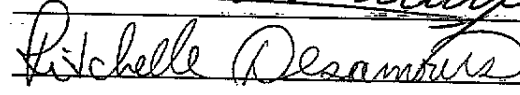
NAME	<u>SAINTINA PIERRE</u>		
ADDRESS	<u>2500 East Hallandale Bch Blvd #407A B</u>		
CITY	<u>Hallandale</u>	STATE	<u>FL</u> ZIP <u>33009</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 9th day of March, 1999

 (Seal)
 (Seal)
 _____ (Seal)

CERTIFICATE AND KNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

SCHEKINA HOMECARE SERVICES, INC
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 2500 EAST HALLANDALE BEACH BLVD
SUITE # 407 A & B Hallandale, FL 33009

has named ANIVENS DESAMOURS

located at the aforesaid address, as its Registered Agent to accept service of process within
this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated
corporation at the place designated in this certificate, and being familiar with the obliga-
tions of that position, I hereby accept to act in this capacity, and agree to comply with the
provisions of Florida Law in keeping open said office.


(registered agent)

FILED
99 MAR 10 AM 10:4
SECRETARY OF STATE
TALLAHASSEE FLORIDA