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Select Insurance Agency

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Division of Corporations

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850)922-4001

From:

Account Name : MEDGUARD SERVICES INC.
Account Number : I19990000019
Phone : (305)389-2049
Fax Number : (305)220-7776

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAR 12 AM 7:10

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FLORIDA PROFIT CORPORATION OR P.A.

Home for the Angles Inc.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

Medguard Services
274 SW 40 st
Miami, FL 33165
Gilbert Sanabria

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<https://ccfss1.dos.state.fl.us/scripts/efilcovr.exe>

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Articles of Incorporation

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Home for the Angels Inc.

ARTICLE II PRINCIPAL OFFICE

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

9270 SW 42 ter.
Miami, FL 33165

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
The number share which this corporation shall have the authority to issue is 100 shares of common stock No par Value. Each share shall have equal rights with each other share with respect to dividends voting and in liquidation

ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Felix N. Doval
9270 SW 42 ter.
Miami, FL 33165

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Felix N. Doval - President
Iliana Santos - Vice President
9270 SW 42 ter.
Miami, FL 33165


Signature/Incorporator

3/12/99
Date

(An additional article must be added if an effective date is requested.)

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

3/12/99
Date

Medguard Services
9274 SW 40 st
Miami, FL 33165
Gilbert Sanabria

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