## PAGOODAS473

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tananassee, FL 32314			<del>-</del>		
SUBJECT:	CHIVICI'S HOCIL	th Care Ser	(VICES_Incle suffix)	<u>,                                     </u>	<u></u>
		:	3000 <u>0</u> 280 -03/12/99- *****87.5	01078015	
Enclosed is an original a	nd one(1) copy of the articles	s of incorporation and a	check for :		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate	√2.75 □\$122.50 Filing Fee & Certified Copy	\$\frac{1}{3}\frac{1}\frac{1}{3}\f		
		ADDITIONAL CO	PY REQUIRED		
FROM:	ativía Walco	+ + inted or typed)		<b>.</b> :	-
, 	137115(0190 A	AVE Apt # 0  ddress  33176	ηµ2	SECRET DIVISION O	-
		State & Zip		— <del>*</del> → ≒ :	

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

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## ARTICLES OF INCORPORATION

Signature/Incorporator

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

Dustiness Corporation Act, hereby duopis the following Articles of Incorporation.	-	12 13 15 15 15 15 15 15 15 15 15 15 15 15 15
ARTICLE I NAME The name of the corporation shall be:	s	2 PM 2:01
Lativiais Health Care Services	Inc	
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  Principal place of business and mailing address of this corporation shall be:	D WE AC	nt # M112
MIAMIL FI 33176 C/O mailing address	~ ~ ~ ~ ~ ~	
The number of shares of stock that this corporation is authorized to have outstanding	at any one time is	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADD	DRESS	
The name and Florida street address of the initial registered agent are:  [0440:4 Walcount 137115W 904h Aue.	<u>=</u>	
M.AMT. Fl. 3317 C ARTICLE V INCORPORATOR	<u> </u>	•••
The <u>name and address</u> of the incorporator to these Articles of Incorporation are: 13711 SW 90 AVE		
APT M112 Miami, Fl 33176		

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

Date

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

- Chatieria de merott		2-1-00=	
Signature/Registered Agent	- <u>-</u> -	51 99	
organia e negisteren Agent		Date	