

P990000035621

Florida Department of State  
Division of Corporations  
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## To:

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

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 APR 19 PM 4: 02

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**FLORIDA PROFIT CORPORATION OR P.A.****FALCON HOME CARE, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

me 4/19/99

## 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:

FALCON HOME CARE, INC.

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### ARTICLE II PRINCIPAL OFFICE

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

6187 NW 167 STREET SUITE H28; HIALEAH, FL 33015

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The mailing address of this corporation shall be:

6187 NW 167 STREET SUITE H28; HIALEAH, FL. 33015

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### ARTICLE III SHARES

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

ONE HUNDRED SHARES ONE DOLLAR PAR VALUE

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Prepared by:  
Pedro M. Ramos, CPA  
594 East 9 Street #A  
Hialeah, FL 33010  
(305)885-9435

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TALLAHASSEE, FLORIDA

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**RUBEN FALCON**  
**6187 NW 167 STREET SUITE H28; HIALEAH, FL. 33015**

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**ARTICLE V INCORPORATOR(S)**  
**See instructions for officers / directors**

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

**RUBEN FALCON**

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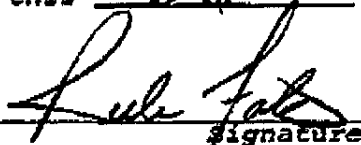
**6187 NW 167 STREET SUITE H28**

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**HIALEAH , FL. 33015**

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The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 19 TH day of APRIL 1999.

  
signature

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Signature

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Signature

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**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT / REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 is:

FALCON HOME CARE , INC.

2. The name and address of the registered agent and office is:

RUBEN FALCON

(Name)

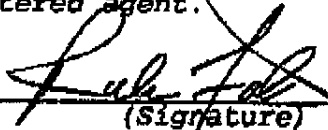
6187 NW 167 STREET SUITE H28

(P.O. Box or Mail Drop NOT acceptable)

HIACLEAH, FL 33015

(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)

APRIL 19, 1999

(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314