

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

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MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

300002862163--6

-05/04/99--01069--024

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ESQUI-CARE CENTERS INC. (Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

## ARTICLES OF INCORPORATION

The undersigned incorporate(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:

ESQUI-CARE CENTERS INC.

### ARTICLE II

#### PRINCIPAL OFFICE

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

9963 SW 162 PL  
MIAMI, FL 33196

### ARTICLE III

#### SHARES

The number of shares which the corporation is authorized to issue and have outstanding at any time is 1000 shares of common stock, and which common stock shall have a par of \$1.00 (one dollar) per share. All stock is to be issued fully paid and exempt from assessment.

### ARTICLE IV

#### INITIAL REGISTERED AGENT AND STREET ADDRESS

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said:

First That ESQUI-CARE CENTERS INC. desiring to organize under the laws of the State Florida with its principal office as indicated in the articles of incorporation at City of Miami, County of Miami Dade, State of Florida had name PATRICIA LOFFREDO at, 9963 SW 162 PLACE, FL 33196 its agent to accept service of process within this state.

Having been named to accept service of process for the above state corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

By: Patricia Loffredo  
PATRICIA LOFFREDO  
Registered Agent

FILED  
99 MAY -4 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE V

INCORPORATOR (S)

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

PATRICIA LOFFREDO	25% SHARES	9963 SW 162 PL MIAMI, FL 33196
RAFAEL ESQUIVEL	50% SHARES	9963 SW 162 PL MIAMI, FL 33196
JENNY VISENT	25% SHARES	9963 SW 162 PL MIAMI, FL 33196

ARTICLE VI

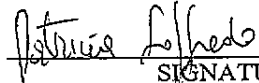

DIRECTOR (S)

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

PATRICIA LOFFREDO	PRESIDENT	9963 SW 162 PL MIAMI, FL 33196
RAFAEL ESQUIVEL	VICE-PRES	9963 SW 162 PL MIAMI, FL 33196
JENNY VISENT	SECRETARY	9963 SW 162 PL MIAMI, FL 33196

The undersigned incorporate(s) has (have) executed these Articles of Incorporation this 29<sup>TH</sup>  
Day of APRIL 19 99.

FILED  
99 MAY -4 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

  
SIGNATURE  
  
SIGNATURE

  
SIGNATURE