

FROM: [REDACTED]

FAX NO. 3052201440

May 20 2009 11:25AM

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Florida Department of State
Division of Corporations
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Name verified
for the signatures

incorporator/ **FLORIDA PROFIT/NON PROFIT CORPORATION**

registered agent per
Orlando W. Lazarus

JAYS COMMUNITY HEALTHCARE INC

5/11/09 @ 3:35pm

Certificate of Status	0
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FROM : LAZARUS

FAX NO. : 3052201440

May. 08 2009 11:25AM P2
SECRETARY OF STATE
DIVISION OF CORPORATION

H09000117422

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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:

JAYS COMMUNITY HEALTHCARE INC

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS
CORPORATION SHALL BE:

1603, 4000 WILLIAMS ISLAND BLVD,
AVENTURA, FLORIDA 33160

ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION
IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100,000

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

MRS MARY SMITH
1603, 4000 WILLIAMS ISLAND BLVD,
AVENTURA, FLORIDA 33160

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FROM : LAZARUS

FAX NO. : 3052201440

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ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

MRS MARY SMITH
1603, 4000 WILLIAMS ISLAND BLVD,
AVENTURA, FLORIDA 33160

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS

May DAY OF 08, 2009



SIGNATURE

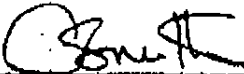
ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

MRS MARY SMITH
MR. CARLOS SMITH
1603, 4000 WILLIAMS ISLAND BLVD,
AVENTURA, FLORIDA 33160

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT 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 RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



REGISTERED AGENT SIGNATURE

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