

Division of Corporations Electronic Filing Cover Sheet

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#### FLORIDA PROFIT/NON PROFIT CORPORATION YFLORIDA HEALTH CARE SERVICES CORP.

Certificate of Status

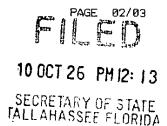
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# H 1 0 0 0 0 2 3 3 8 3 9 ARTICLES OF INCORPORATION

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:

VFlorida Health Care Services Corp.

#### ARTICLE II - PRINCIPAL OFFICE

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

10165 SW 163 AV MIANI FL 33196

### <u>ARTICLE III – SHARES</u>

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

100

## ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Vahima Vigoa 10165 SW 163 AV MIANIFL 33196 H10000233839

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10 OCT 26 PH 12: 13

SECRETARY OF STATE TALLAHASSEE FLORIDA

#### ARTICLE V - INCORPORATOR

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

Yalima Vigoa 10165 SW 163 AV MiANI FC 33196

The undersigned incorporator has executed these Articles of Incorporation this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

ARTICLE VI-DIRECTOR (S)

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

YAHIMA VIGOA (P)

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