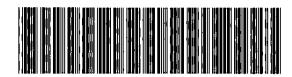
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Sherifat 2. Thomas (Requestor's Name)	i ( <b>19)</b> (
4495 Shelfer Rd. Hot	
P.O. BOX 6997, TAIL FC	
(Address)  (Address)  (all - Fi. 32305 32314  (City/State/Zip/Phone #)	·
PICK-UP WAIT MAIL	
Effective Medical Heath Servi (Business Entity Name)	ces Inc.
(Document Number)	:
Certified Copies Certificates of Status	
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# ARTICLES OF INCORPORATION

### ARTICLE I NAME

The name of the corporation shall be: Effective Medical Health Services Inc

# ARTICLE II PRINCIPAL OFFICE

P. O. Box 6997 Tallahassee, Fl 32314

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The primary purpose of this organization shall be to provide services for persons with disabilities and to conduct business in The state of florida.

## ARTICLE IV MANNER OF ELECTION:

The manner in which the directors are elected or appointed is:

Directors and Officers are elected annually by the members. Members shall be eligible for election to the committee panels as prescribed by the organization's By Laws, rules and regulations.

# ARTICLE V INITIAL OFFICERS

List names(s), address (es) and specific titles:

President

Sherifat Z Thomas

495 Shelfer Rd. 1761, Tallahrassee, Fl., 32305 P.O. BOX 6997, TALL FL. 32314

Ms. FlorenceBamgbose

Mr. Emanuel Inwang

ARTICLE VI REGISTERED AGENT

The name and Florida Street address:

Sherifat Z Thomas

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Incorporator