N13000004338

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT	MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of S	Status					
Special Instructions to Filing Officer:						





100246033171

04/02/13--01013--016 **87.50

SECTIONS OF STATE

J.7.12784



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2013

JACQUELINE E CAMPBELL 3189 SW FAMBROUGH ST PORT ST LUCIE, FL 34953

SUBJECT: OASIS HEALTH CARE SERVICES INC.

Ref. Number: W13000019384

We have received your document for OASIS HEALTH CARE SERVICES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 113A00007814

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: OASIS HEALTH CARE SERVICES INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

\$70.00 Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Jacqueline E. Campbell

Name (Printed or typed)

3189 SW Fambrough Street

Address

Port Saint Lucie, FI 34953

City, State & Zip

772-708-8802

Daytime Telephone number

Jcampbell1326@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICL The name	EI NAME OASIS	HEALT	H CARE SERVICES INC.		
<u>ARTICL</u>	E II PRINCIPAL OFFICE				
<u>.</u>	Principal <u>street</u> address: 2440 SE FEDERAL HIGHWAY; SUIT	ET	Mailing address, if different is:		
-	STUART, FLORIDA				
	34994				
ARTICL	E III PURPOSE				
	ose for which the corporation is organized is: The position of the properties of th				
and v	wellness services to yet not lir	nited to	able and disabled individua	als from	
pedia	trics, adolescent, adult and th	e elder	rly; embracing and implemen	nting one	
client	at a time.		·		
		·			
					
					
ARTICL Appoin		anner in whi	ch the directors are elected and appointed:		
Appoin	ited by the CEO			-	
ARTICI	LE V INITIAL OFFICERS AND/OR DE	RECTORS			
Name and	_{d Title:} Jacqueline E. Campbell	Name and	Title: Jacqueline C. Watson		
Address	*CEO Executive Director and Founder	Address:	Board Member	NEW SEC	
radios	3189 Sw Fambrough Street		1441 Se Manth Ln		
	Port Saint Lucie, Fl 34953	•	Port Saint Lucie, FI 34983		
Name and	Title: Eva S. Lemonious	Name and	Title: Lorraine Taylor	SI S	
Address	President of Board	Address:	Board Member	O: 35	
Addiess	8020 North Nob Hill Road,Apt. 303	, Audicss.	1517 Sw Dycus Avenue		
	Tamarac, Fl 33321	•	Port Saint Lucie, FI 34953		
Name and	Tide: Walter P. Campbell	Name and	Title: Norette Wright		
Address	Vice President of Board	Address:	Board Member		
~ mm c92	10155 Nw 46th Street	, AUG 633.	2417 Se Gowin Dr		
	Sunrise, FI 33351		Port Saint Lucie, FI 34952		

Name and Title: Paulette A. Myrie Address Board Member 1333 Sw Del Rio Blvd Port Saint Lucie, Fl 34953 Name and Title: Cecile Kelly Address Board Member 4100 Silverstone Drive Fort Pierce, Fl 34947	Name and Title Address: Name and Title Address:	Board Member 899 Nw Riverside Dr. Port Saint Lucie, Fl 34983			
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accept address) Address: Jacqueline E. Campbell 3189 Sw Fambrough S Port Saint Lucie, FI 349 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Jacqueline E. Campbell 3189 Sw Fambrough S Port Saint Lucie, FI 349 Port Saint Lucie, FI 349	Street Street		SECER FOR OF STATE	13 MAY -7 AH 10: 35	The Committee of the Co
Having been named as registered agent to accept service of certificate, I am familiar with and accept the appointment as Required Signature of Registered. I submit this document and affirm that the facts stated hereif to the Dapartment of State constitutes a third degree felony and Required Signature of Incorp	registered agen Agent in are true. I am as provided for in	t and agree to act in this capacity 03/28/2013 Date aware that any false information submitte	3 ed in a do		

* * * * *

- A. Addendum of article III purpose for oasis health care services inc. organizations that qualify as exempt organizations under section 501 (3) of the Internal Revenue Code, or corresponding section of any future federal tax code.
- B. No part of the net earnings of the organization shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other activities not permitted to be carried on (a) by and organization exempt from federal income tax under section 501 (C) 3 of the Internal Revenue Code, or corresponding section of any future federal tax code, or (B) by an organization, contributions to which are deductible under section 170 (C) (2) of the Internal Revenue Code, or corresponding section of any future federal tax code.
- C. Upon the dissolution of the organization, assets shall be distributed for one or more purposes within the meaning of section 501 (C) 3 of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.