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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

SIMMONDS NURSING CARE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

H000 00036 11 8**ARTICLE OF INCORPORATION****OF****SIMMONDS NURSING CARE, INC.**

(6)

The undersigned incorporators of this corporation under the provisions of Chapter 607 of the Florida Statute, as amended adopt the following Articles of incorporation:

ARTICLE I: NAME OF THE CORPORATION

The name of the corporation is **SIMMONDS NURSING CARE, INC.** ("the corporation").

ARTICLE II: MAILING ADDRESS OF THE CORPORATION

The mailing address of the corporation is at
P.O. Box 245952,
Pembroke Pines, Florida 33024

ARTICLE III: DURATION OF THE CORPORATION

The duration of the corporation shall be perpetual.

ARTICLE IV: PURPOSE OF THE CORPORATION

The purposes for which the corporation is organized are to: provide products and services in the Health Care industry and other related industries and to engage in any and all businesses not prohibited by the laws of the State of Florida or other applicable laws.

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ARTICLE V: AUTHORIZED SHARES

The corporation is organized to issues 10,000 thousand shares (10,000) shares of common stock with a par value of \$1.00 per share. All stocks shall be of one class. The Board of Directors may authorize issuance of such stocks to such person upon such terms and for such consideration, as they may deem appropriate. The consideration may include money or other property, which property shall be received at just valuation to be fixed by the Board of Directors of the Corporation.

ARTICLE VI: PRE-EMPTIVE RIGHTS

The Corporation elects to have pre-emptive rights. Every shareholder, upon the sale for cash of any new or reissued stock of this Corporation, shall have the right to purchase his pro-rata share thereof at the prices at which it is offered to others.

ARTICLE VII: INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The street address of the corporation; initial registered office is 10294 S.W. 24th Court, Miramar, FL. 33025, and the name of its registered agent at that office is Pearley M. Simmonds.

ARTICLE VIII:

The Corporation shall have (1) director constituting the initial Board of Director. The number of directors may be either increased or decreased from time to time by the by-laws.

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The name and addresses of the initial Board of Director(s) of the corporation are:

Pearley M. Simmonds,
10294 S.W. 24th Court,
Miramar, Florida 33025.

ARTICLE IX: INCORPORATORS

The names and addresses of the incorporator(s) of the corporation are:

Pearley M. Simmonds,
10294 S.W. 24th Court,
Miramar, Florida 33025

IN WITNESS WHEREOF, I, the undersigned incorporator have signed these articles of incorporation on this 27th day of June, 2000 and acknowledge the same to be our act.



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(STATE OF FLORIDA)

COUNTY OF DADE)

I HEREBY CERTIFY that on this 27th day of June, 2000 before me an officer duly authorized, personally appeared Pearley Simmonds, to me well known and known to be the same person described in and who executed the foregoing instrument, and she acknowledge before me that she executed the same.

WITNESS my hand and official seal in the County and State aforesaid this day and year last above written.

State of Fl. County of Miami-Dade
Signed before me on this 27th day
of June, 2000 by Pearley Simmonds
Notary Public Thelma Reaves Adams
Deliverance: 3553-673-60-661-0



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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED.**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

First - That **SIMMONDS NURSING CARE, INC.**, desiring to organize under the laws of the State of Florida with its principal office, as indicated in the article of Incorporation at City of Miramar, County of Broward, State of Florida, has named **Pearley Simmonds**, located at City of Miramar, County of Broward, State of Florida, as its agent to accept services of process within this state.

Acceptance of Agent-

ACKNOWLEDGEMENT:

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

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BY: PEARLEY SIMMONDS
Signature PMS

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