## TRANSMITTAL LETTER P01000032806

Department of State

Division of Corpora	ations			~
P. O. Box 6327		* · · · · · -	=400	
Tallahassee, FL 32	314		FB	<b>三</b> 章
SUBJECT:		E INC. ATE NAME - MUST INCL	UDE SUFFIX)	NAR 30 PM 4: 1-7
			<i>&gt;</i>	
			, 1	
Enclosed is an origin	nal and one(1) copy of the artic	eles of incorporation and	a check for :	
<b>□</b> \$70.00	<b>□</b> \$78.75	\$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
-	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
			Status	
		ADDITIONAL CO		
		I WASTIONATION	A T VEQUINED	

FROM:	JERRY RILEY, PHUONG VU
	Name (Printed or typed)
	2000039327828 1350 E. Tennessee St. Suite *****78.75 ******78.75 Address
	Tallahasser, FL 32301 City, State & Zip
	(45b) 656 - 0036  Daytime Telephone number
	Daytime Telephone number

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



ARTICLE I NAME The name of the corporation shall be:  NA(L CARE INC.
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  1305 E. Jennessee St. Swite B5  Tallahassee, FC 3 2301  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS (DIRECTORS (optional)  The name(s) and address(es):
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:
JERRY RILEY 275 John Knox Rd. #C101 Tallahassee, FC 32303
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  JERRY RILEY  275 John Knox Rd-#C101 Tallahassee, FL 3230
**************************************
Signature/Registered Agent  Date  3/30/01  Date
Signature/Incorporator Date

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)