

TRANSMITTAL LETTER
P91000093465

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

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-09/21/01--01039--022
*****87.50 *****87.50

SUBJECT: COMMUNITY MEDICAL 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: AUGUSTINE ENOFFE
Name (Printed or typed)

6455 RESTLAWN DR, SUITE 4
Address

JACKSONVILLE, FL 32208
City, State & Zip

904-764-0191
Daytime Telephone number

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

FILED
01 SEP 21 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FL 32314

9-25-01
WC

ARTICLE OF INCORPORATION
Of
COMMUNITY MEDICAL SERVICES, INC.
a Florida Corporation

FILED
01 SEP 21 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, the undersigned, do hereby make form a corporation, and for such purpose I hereby make, execute and adopt the following Articles of Incorporation.

ARTICLE ONE

The name of the corporation shall be: **Community Medical Services, Inc.**, a Florida corporation

ARTICLE TWO

The initial principal place of business and mailing address shall be:

6455 Restlawn Drive, Suite 4
Jacksonville, Florida 32208

ARTICLE THREE

This corporation is organized for the purpose of transacting any or all-lawful business

ARTICLE FOUR

This corporation is authorized to issue 5,000 shares at One Dollar (\$1.00) par value common stock.

ARTICLE FIVE

INCORPORATORS

The name and address of the person signing these articles is

Augustine Enofe
6455 Restlawn Drive, Suite 4
Jacksonville, Florida 32208

ARTICLE SIX

BY-LAWS

The power to adopt, alter, amend or repeal by-laws shall be vested in the Board of Directors, subject to the approval of the shareholders.

ARTICLE SEVEN

Every shareholder, upon the sale for cash of any new stock of this corporation shall have the right to purchase his or her prorata share thereof at the price at which it is offered to others.

ARTICLE EIGHT

The street address of the initial registered principal office of this corporation is 6455 Restlawn Drive, Suite 4 Jacksonville, Florida 32208 and the name of the initial registered agent of this corporation at this address is **Augustine Enofe**.

ARTICLE NINE

INITIAL BOARD OF DIRECTORS

This organization shall have two (2) directors initially. The number of directors may either increase or decrease from time to time by the by-laws but shall never be more than twelve. The name and address of the directors of this corporation are:

Augustine Enofe
6455 Restlawn Drive, Suite 4
Jacksonville, Florida 32208

Harry "Wade" Shrum
99 Cerro Street
St. Augustine, Florida 32084

ARTICLE TEN

SHAREHOLDERS QUORUM AND VOTING

Fifty-one percent (51%) of the shares entitle to vote, represented in person or by proxy, shall constitute a quorum at a meeting of shareholders.

ARTICLE ELEVEN


This corporation shall indemnify any officer or director, or any former officer or director to the full extent permitted by law.

ARTICLE TWELVE

This corporation, through its shareholders, reserves the right to amend or repeal any provisions contained in these Articles of Incorporation or any amendment thereto.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 20th day of September, 2001

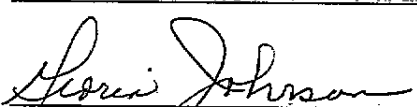
I ACCEPT THE APPOINTMENT OF REGISTERED AGENT FOR SAID CORPORATION.


Augustine Enofe / INCORPORATOR / REGISTERED AGENT

STATE OF FLORIDA

COUNTY OF DUVAL

The foregoing instrument was sworn to and subscribed before me this 20 day of September, 2001, by Augustine Enofe, () who has produced _____ as identification or @ who is personally known by me


Signature of person taking acknowledgment

Gloria Johnson
Printed name of person taking acknowledgment

Commission Expires 7/14/02



Gloria Johnson
MY COMMISSION # CC759220 EXPIRES
July 14, 2002
BONDED THRU TROY FAIN INSURANCE, INC.