

TRANSMITTAL LETTER

P01000106361

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

FILED
01 NOV -2 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900004664239--4
-11/02/01-01038-007
*****87.50 *****87.50

SUBJECT: Absolute Health Care Services, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Bernard Rodriques Shaw
Name (Printed or typed)

1845 Eagle Trace Blvd. East
Address

Coral Springs, FL 33071
City, State & Zip

(945) 979-6610
Daytime Telephone number

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

J. BRYAN NOV - 5 2001

ARTICLES OF INCORPORATION
OF
ABSOLUTE HEALTH CARE SERVICES, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Undersigned, acting as Incorporator for a corporation Under the Florida General Corporation Act, adopts the following Articles of Incorporation for such corporation:

1. The name of the corporation is as follows:

ABSOLUTE HEALTH CARE SERVICES, INC
2. The period of its duration is perpetual.
3. The purpose is to engage in any activities of business permitted under the laws of the United States and the State of Florida.
4. The capital stock authorized, the par value thereof, and the characteristics of such stock shall be as follows: 100 shares at par value of \$1.00 per share, common stock. All of the stocks shall be payable in cash or other property, real or personal, tangible or intangible, or in labor or services actually performed for the corporation, in lieu of cash at a just valuation to be fixed by the Board of Directors of this corporation.
5. This corporation shall commence to exist on the date in which the Articles of Incorporation are filed in the Office of the Secretary of the State of Florida.
6. The address of this corporation's office is:

20 SW 27th Avenue, Suite 102
Pompano Beach, FL 33069

And the name of its initial registered agent at the said address is:

Bernard Rodriques Shaw SS# 074-42-3031

7. The number of directors constituting its initial board of directors shall be TWO (2) whose names and addresses are as follows:

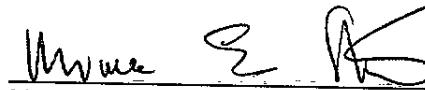
Norma Evadney Shaw SS# 063-46-3072
1845 Eagle Trace Blvd. East
Coral Springs, FL 33071

Bernard Rodriques Shaw SS# 074-42-3031
1846 Eagle Trace Blvd. East
Coral Springs, FL 33071


8. The names and addresses of its initial incorporators are as follows:

Norma Evadney Shaw SS# 063-46-3072
1845 Eagle Trace Blvd. East
Coral Springs, FL 33071

Bernard Rodriques Shaw SS# 074-42-3031
1845 Eagle Trace Blvd. East
Coral Springs, FL 33071



Norma Evadney Shaw, Incorporator



Bernard Rodriques Shaw, Incorporator

CERTIFICATE DESIGNATING REGISTERED AGENT


PLACE OF BUSINESS DOMICILE FOR THE SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA ON BEHALF OF THE CORPORATION ABSOLUTE HEALTH CARE SERVICES, INC., IN COMPLIANCE WITH THE SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

That desiring to organize or qualify under the laws of the State of Florida, with its principal place of business located at 20 SW 27th Avenue, Suite 102, Pompano Beach, FL 33069, has named BERNARD RODRIQUES SHAW, located at 1845 Eagle Trace Blvd. East, Coral Springs, FL 33071, as its agent to accept service of process within the State of Florida.

On 24 day of October, 2001


NORMA EVADNEY SHAW, President

Having been named to accept service of process for ABSOLUTE HEALTH CARE SERVICES, INC., at the place designated in this certificate, I hereby agree to comply with the provisions for all statutes relative to the proper and complete performance of my duties.


BERNARD RODRIQUES SHAW, Registered Agent

STATE OF FLORIDA)

COUNTY OF BROWARD)

BEFORE ME, The Undersigned authority, duly authorized to administer the oaths and take acknowledgements, personally appeared, NORMA EVADNEY SHAW, who, being first duly sworn, deposes and says that she is the person in and who subscribed to the Articles of Incorporation, and that she freely and voluntarily acknowledged before me according to law that she made and subscribed before me the same for the use and purpose therein mentioned and set forth and furthermore, that the above facts are true and correct.

SWORN TO AND SUBSCRIBED before me this
24 day of October, 2001

My Commission Expires:



Sharon Coard
MY COMMISSION # CC834420 EXPIRES
May 9, 2003
BONDED THRU TROY FAIN INSURANCE, INC.

Sharon Coard

STATE OF FLORIDA)

COUNTY OF BROWARD)

BEFORE ME, The Undersigned authority, duly authorized to administer the oaths and take acknowledgements, personally appeared, BERNARD RODRIQUES SHAW, who, being first duly sworn, deposes and says that she is the person in and who subscribed to the Articles of Incorporation, and that she freely and voluntarily acknowledged before me according to law that she made and subscribed before me the same for the use and purpose therein mentioned and set forth and furthermore, that the above facts are true and correct.

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