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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

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From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257 : (850)224-8870 Phone

Fax Number

: (850)222-1222

FLORIDA PROFIT CORPORATION OR P.A.

GRACE OF JACKSONVILLE, INC.

Certificate of Status	0
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Capital Connection, Inc.

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ARTICLES OF INCORPORATION

OF



GRACE OF JACKSONVILLE, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is GRACE OF JACKSONVILLE, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 4857 Philrose Court, Jacksonville, FL 32217.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one-hundred (100) shares having a par value of (1.00) per share.

H02000094902 2 ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Clyde M. Collins, Jr., 233 E. Bay St., #920, Jacksonville, FL 32202.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial of Director of the corporation is President, Tommy Lee Walters, 3525 Smithfield Street, Jacksonville, FL 32217.

ARTICLE VII: SPECIAL PROVISION

It is the intent of the incorporator and directors that the corporation qualify under Section 1244 of the Internal Revenue Code and that the corporation file as a Sub S Corporation. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

The undersigned has executed these Articles of Incorporation this 22nd day of April 2002.

"Capital Connection, Inc. by Leilani White, Client Representative."

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

• pursuant to the provisions of section 607.0501, Florida Statuter, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1.	The	name	or th	e coi	pora Of S	tlor JAC	<u> </u>	ს ₁ გ. l	e .	14C		***************************************	
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HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

CHPE W. COLLINY, IV.

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SECRETARY OF STATE