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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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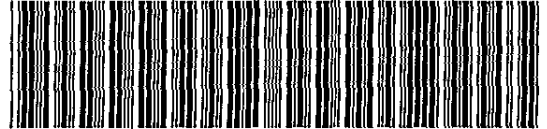
(Business Entity Name)

(Document Number)

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03 JUL -7 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OB 7/14

TRANSMITTAL LETTER

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

HEALTHCARE

SUBJECT: ADN 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: Isam Tahoun
Name (Printed or typed)

7100 SW 64 Street
Address

Miami, FL 33143
City, State & Zip

786-218-6241
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: HEALTHCARE

ADN Healthcare Services, Inc.

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7100 SW 64 ST
Miami FL 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Supplies

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Isam Tahoun, 7100 SW 64 St. Miami FL 33143, Preside.
Monika Tahoun, 7100 SW 64 St, Miami. FL 33143, Vice.
preside.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Isam Tahoun
7100 SW 64 street Miami, Florida 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Isam Tahoun + Monika Tahoun
7100 SW 64 Street, Miami. FL 33143

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature]
Signature/Registered Agent

7/2/03

Date

[Signature]
Signature/Incorporator

7/2/03

Date