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TRANSMITTAL LETTER

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

SUBJECT:

STAHR CARE, INC.

(Proposed Corporate Name- Must Include Suffix)

Enclosed is an original and (1) copy of the articles of incorporation and check for:

\$70.00

x\$78.75

\$78.75

\$87.50

Filing Fee

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Filing Fee,

& Certificate of Status

& Certified Copy

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

PHILLIP STAHR 8851 W. Sunrise Blvd. Plantation, FL 33322

NOTE: Please provide the original and on copy of the articles

ARTICLES OF INCORPORATION

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

DIVISION OF CORPORATIONS

03 AUG 29 PM 2: 48

ARTICLE I NAME

The name of the corporation shall be:

STAHR CARE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8851 W. SUNRISE BLVD. PLANTATION, FL 33322

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: N/A

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (Optional)

The name(s) and address(es):

PHILLIP STAHR

- PRESIDENT

8851 W. SUNRISE BLVD. PLANTATION, FL 33322

ARTICLE VI REGISTERED AGENT

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

PHILLIP STAHR 8851 W. SUNRISE BLVD. PLANTATION, FL 33322

ARTICLE V _ INCORPORATOR

The name and address of the Incorporator is:

PHILLIP STAHR

8851 W. SUNRISE BLVD.

PLANTATION, FL 33322

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

ignature/Registered Agent

Date

Signature/Incorporator

Date