05000/29042

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H050002218173)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover

To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305) 634-3694 Fax Number : (305) 633-9696

FLORIDA PROFIT CORPORATION OR P.A.

m & m health care services, inc

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75





ARTICLES OF INCORPORATIONS

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (S) the following Articles of Incorporation.

ARTICLE I

NAME

The name of the corporation shall be:

M & M HEALTH CARE SERVICES, INC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7120 N.W 48 Court Lauderhill, Fl 33319

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One thousand (1000) shares of common stock having a par value of one dollar (\$1) each.

ARTICLE IV INITIAL OFFICERS AND/OR DIRECTORS

Thelma Williams- President 7120 N.W 48 Court Lauderhill, FI 33319

Keeva Brown- Vice President 6009 NW 69 Ave Tamarac, Fl 33321

EB-16-2005 17:57 EMPIRE

20.9

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Thelma Williams 7120 N.W 48 Court Lauderhill, Fl 33319

ARTICLE VI INCORPORATOR (S)

The name(s) and street address (es) of the incorporator(s) to these Articles of Incorporation is (are):

Thelma Williams 7120 N.W 48 Court Lauderhill, FI 33319

The Undersigned incorporator(s) has (have) executed these Articles of incorporation this

- All

Signature

Signature

9/16/05



CERTIFICATE OF DESIGNATED OF

REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED 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 of the corporation is:

M & M HEALTH CARE SERVICES, INC

2. The name and address of the registered agent and office is:

TALLAHASSEE, FLORIDA

i 7

Thelma Williams 7120 N.W 48 Court Lauderhill, Fl 33319

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I here by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision 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.

Signature

/Date/

Division of Corporations. P.O. Box 6327, Tallahassee, Fl 32314

H05000001817