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CORPORATE FILING SERVIC	E
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CORPORATION NAME(S) & DOCUMENT	•
1. SOUTHAXIS NURS (Corporation Name)	ENG CORP. (Document #)
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name) Walk in Pick up time 2.69 Mail out Will wait	(Document #) Certified Copy Photocopy Certificate of Status
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger CGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

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SECRETARY IF STATE TALL AHASSEF FLORIDA

ARTICLES OF INCORPORATION

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:

SOUTHAXIS NURSING CORP.

ARTICLE 11 - PRINCIPAL OFFICE

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

210 NW 124 HAVE MIAMI FLORIDA 33182.

ARTICLE III -SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

HECTOR R. PAYARES 210 NW 124TH AVE. MIAMI FLORIDA 33182

06 FEB 27 PM 3: 29

SECRETARY OF STATE
TALL AHASSET FLORIDA

ARTICLE V - INCORPORATOR

Incorporation is: Have S

The name and street address of the incorporator to these Articles of

210 NW 124TH AVE MIAMI FLORIDA 33182.
The undersigned incorporator has executed these Articles of Incorporation this 24 day of FEBRUARY 2006 Signature ARTICLE VI DIRECTOR(S)
The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are): HECTOR R. PAYARES (President) Marlene Payares (vice - president)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature