## P07000022400

	, 			
(Requestor's Name)				
(Ad	dress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Cupaint Instructions to	Filing Officers			
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEF FINALE.

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## TRANSMITTAL LETTER

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

SUBJECT: S	F HEALTHCA	RE IN	<i>/</i> _
	(PROPOSED CORPORA)	FE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	les of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	SCOTT SE	Printed or typed)	
FROM: SCOTT SEBAL  Name (Printed or typed)  1065 NE 125 St  Sente 205			
	MIAMI	H 331	61
-	City, State & Zip		
305-5-25-7676			
	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:  SF HERLTHCARE INC.	
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  1065 NE 125 Jr.  Sunt 405  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Marticle IV SHARES  The number of shares of stock is: 100	FILED 07 FEB 19 PM 2: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):  SCOTT SEGAL, PRESIDENT	
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  MAXINE OTERO 1065 NE 125 St, Swite 405 MIRMI FT 33161  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  SCOTT SEGAL 19 INDIAN CREEK DRIVE  INDIAN CREEK DRIVE  Having been named as registered agent to accept service of process for the above stated corporatorificate, I am familiar with and accept the appointment as registered agent and agree to act in the	tion at the place designated in this
Makine Okay Signature/Registered Agent	2/15/07 Date
Signature/Incorporator Scott SEGAL	2/15/07 Date