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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT/NON PROFIT CORPORATION

AMANDA NURSING SERVICES, INC.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

AMANDA NURSING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13535 S.W. 62 STREET STE 4, MIAMI, FL 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN ANY LAWFULL BUSINESS PERMITTED UNDER THE LAWS OF THE STATE OF
FLORIDA AND/OR THE UNITED STATES OF AMERICA

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES @ 10.00 PAR VALUE EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MAYDELIN NAVARRO MUNGUIA, PD 13535 S.W. 62 ST #4, MIAMI, FL 33183

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MAYDELIN NAVARRO MUNGUIA, 13535 S.W. 62 ST # 4, MIAMI, FL 33183

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

MAYDELIN NAVARRO MUNGUIA, 13535 S.W. 62 ST # 4, MIAMI, FL 33183

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

M. Navarro
Signature/Registered Agent

03/27/2007

Date

M. Navarro
Signature/Incorporator

03/27/2007

Date