

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

JOYCE HEALTHCARE, INC.

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

08 JAN 22 PM 12:53

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D. McKnight JAN 23 2008

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JAN 22 PM 12:56

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⑤ H08000017292

**ARTICLES OF INCORPORATION
OF
JOYCE HEALTHCARE, INC.**

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of the corporation shall be:

JOYCE HEALTHCARE, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- 1) Transact any and all lawful business**
- 2) Said corporation shall further have powers
To have perpetual succession by it's corporate**

Name:

JOYCE HEALTHCARE, INC.

ARTICLE IV

The aggregate number of shares, which the corporation shall have authority to issue, is the total sum of 1000 shares, having an individual per value of \$10.00

Unless otherwise stated in these article, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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ARTICLE V

The street of the initial registered office and the name of the initial Registered Agent of this corporation shall be:

**Mercedes Solis
3230 NW 16 Street
Miami Florida 33125**

The principal office shall be:

**3230 NW 16 Street
Miami Florida 33125**

ARTICLE VI

The initial Board of Directors shall consists of a total of TWO (2) person, and the name and address of the person who is to serve as an initial director is:

**Mercedes Solis
3230 NW 16 Street
Miami Florida 33125**

PRESIDENT

**Eduardo Blanco
3230 NW 16 Street
Miami, Florida 33125**

VICE-PRESIDENT

The shares of each shareholders and registered agent to the Certificate of Incorporation are as follows:

**Mercedes Solis
3230 NW 16 Street
Miami Florida 33125**

50 %

**Eduardo Blanco
3230 NW 16 Street
Miami, Florida 33125**

50 %

The name and address of the incorporator executing these Articles of incorporation is:

Mercedes Solis
3230 NW 16 Street
Miami Florida 33125

Eduardo Blanco
3230 NW 16 Street
Miami, Florida 33125

IN WITNESS WHEREOF, the undersigned incorporator has we executed theses Articles of Incorporation this 06th day of March, 2003.



Mercedes Solis
President



Eduardo Blanco
Vice-President

#08000017292

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provision of sections 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:

JOYCE HEALTHCARE, INC.

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

Mercedes Solis
3230 NW 16 Street
Miami Florida 33125

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 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 relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as a registered agent.

Signature: _____

President

Signature: _____

Vice-President

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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