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LAZARUS CORPORATE FILING SERVICE 3320 SW 87 TH AVENUE MIAMI, FL 33165 305-552-5973	
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CORPORATION NAME(S) & DOCUM	AENT NUMBER(S), (if known):
, R, ED NURSING	GROUP CORP
(Corporation Name)	(Document #)
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OTHER FILINGS	REGISTRATION/QUALIFICATION
 Annual Report Fictitious Name 	 Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

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SECRETARY OF STATE TALLAHASSEE, 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: R. & D. Nursing Group. corp

ARTICLE II – PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be: 3010 sw 102 PL Miami Fl $33/65^{-1}$

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:

LIUSVA Lopez 3010 SW 102 PL Miami Fl 33165

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Livsva Lopez 3010 SW 102 PL Miami F1 33165

The undersigned incorporator has executed these Articles of Incorporation this 21 day of January 2008

Signature

ARTICLE VI- DIRECTOR(S)

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

Lius Va Lopez President. 3010 sw 102 PL Miami Fl 33165

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 Aderit Signature