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(City/State/Zip/Phone #)

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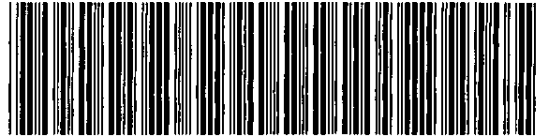
(Business Entity Name)

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DIVISION OF CORPORATIONS
08 OCT 27 PM 1:38

10/28/08

COVER LETTER

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DIVISION OF CORPORATIONS

08 OCT 27 PM 1:38

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

SUBJECT: Promise Nursing Care, Inc.
(PROPOSED CORPORATE NAME) - MUST INCLUDE SUFFIX

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Pamela L. Hunt
Name (Printed or typed)

2107 Logan Heights Circle
Address

Sanford, Fla 32773
City, State & Zip

407-986-4413
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLE OF INCORPORATION OF PROMISE NURSING CARE, INC.

The undersigned subscribers to this Article of Incorporation, natural persons competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

PROMISE NURSING CARE, INC.

ARTICLE II. NATURE OF BUSINESS

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida namely but not limited to provided healthcare to the sick in the community. To provide all type of healthcare permitted as a healthcare provider under the United States laws and in particular state of Florida.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time shall be as follows: Ten Thousand (10,000) shares of common stock having a par value of \$1.00 per share. The consideration to be paid for each share shall be as fixed by the board of directors, and may take the form of services rendered, cash, property, or any other from deem satisfactory by the board of directors.

ARTICLE IV. INITIAL CAPITAL

The amount of capital with which this corporation will begin business shall not be less than Five Hundred Dollars (\$500.00).

ARTICLE V. TERM OF EXISTENCE

The corporation is to exist perpetually.

ARTICLE VI. ADDRESS

The initial street address of the principal office of the corporation in the State of Florida shall be 2107 Logan Heights Circle, Sanford, FL 32773. The board of directors may from time to time move the principal office to any other place or places as may be designated by the board of directors.

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ARTICLE VII. DIRECTORS

The corporation shall have one director initially. The number of directors may be increased or diminished from time to time, by by-laws adopted by the stockholders, but shall never be less than two.

At all times during which this corporation is authorized to have one director, term "board of directors" as used herein shall mean the one director of this corporation.

ARTICLE VIII. DIRECTORS' POWERS

The board of directors shall have the power to fix or change salaries of the directors, as directors and as officers, to restrict the transfer of stock by stockholders, to indemnify directors and officers against liability for their good faith acts and omissions to permit contracts or other transactions between the corporation and one or more of its directors individually or business in which one or more of its directors are interested, and to exercise such other powers of the corporation as are inconsistent with these articles or with any by-laws that may be adopted by the stockholders.

ARTICLE IX. ORIGINAL DIRECTORS

The name and street address of the members of the board of directors is:

NAME	ADDRESS
Pameka L. Hunt	2107 Logan Heights Circle, Sanford, FL 32773

ARTICLE X. SUBSCRIBERS

The name and address of the subscriber to this Article of Incorporation is:

NAME	ADDRESS
Pameka L. Hunt	2107 Logan Heights Circle, Sanford, FL 32773

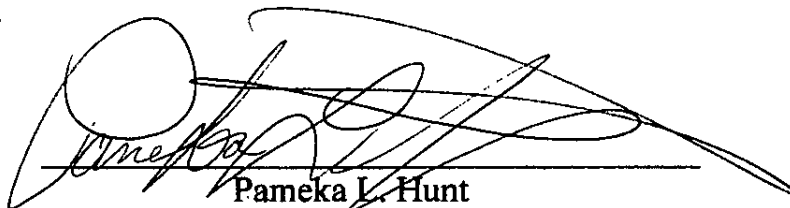
ARTICLE XI. REGISTERED OFFICE AND REGISTERED AGENT

The street address of the office registered for the corporation shall be c/o Pameka L. Hunt 2107 Logan Heights Circle, Sanford, FL 32773. The initial registered agent shall be Pameka L. Hunt.

ARTICLE XII. AMENDMENTS

The corporation reserves the right to amend, alter, change or repeal any provision contained in these Article of Incorporation in the manner now or hereafter prescribed by law, and all rights conferred on stockholders herein are granted and subject to this reservation.

IN WITNESS WHEREOF, We, the undersigned subscribers, have hereunto set our hand and seal, this 24 day of October, 2008 for the purpose of forming this corporation under the laws of the State of Florida, and do hereby make and file in the office of the Secretary of the State of Florida these Article of Incorporation and certify that the facts herein stated are true.


Pameka L. Hunt

STATE OF FLORIDA

COUNTY OF Seminole

I hereby certify that on this day, before me, a notary public, duly authorized in the state and county named above to take acknowledgments, personally appeared Pameka L. Hunt to me known to be the persons described as subscribers in and who executed the foregoing Article of Incorporation, and acknowledged before me that the subscribed to these Articles of Incorporation.

Sworn to and subscribed before me this 24 day of October 2008, by Pameka L. Hunt.


Notary Signature



Notary Public, State of Florida

Produced Identification FLDL #530672748690

yes

Type ID DRIVER LICENSE

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DIVISION OF CORPORATIONS

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ID No. 530672748690

CERTIFICATE DESIGNATING

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.325, Florida Statutes, the Undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designation the office/registered agent, in the State of Florida.

1. The name of the corporation is:


PROMISE NURSING CARE, INC.

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

Pameka L. Hunt

2107 Logan Heights Circle, Sanford, FL 32773

Signature


(Corporate Officer)

Title

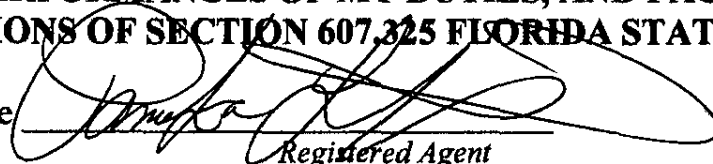
Owner

Date

10-24-08

HAVE BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THE CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCES OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

Signature


Registered Agent

Date

10-24-08