

FROM: LAZARUS
DIVISION OF CORPORATIONS

FAX: (305) 220-1400

Date: 12/3/2008 03:57PM

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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION

COMMUNITY HEALTH CARE, CORP.

Certificate of Status	0
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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:

Community Health Care, Corp.

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS
CORPORATION SHALL BE:

*339 Pebble Ct
Minnecola, FL 34715*

ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION
IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

*Ruth Martin
12641 SW 20 St
Miriama FL 33027*

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ARTICLE V - INCORPORATOR

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

Ruth Martin
1264 SW 20 ST
MIAMI FL 33027

The undersigned incorporator has executed these Articles of Incorporation
this 12 day of 03, 2008



Signature

ARTICLE VI - DIRECTOR (S)

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

Ruth Martin (President)

**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 Agent Signature

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