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COVER LETTER

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

SUBJECT: CE	NTRA HEALTHCARE	SOLUTIONS,	Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u> L	UDE SUFFIX)	
Enclosed are an orig	rinal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	OMRI PAF Name 100 N. FEDERAL	(Printed or typed) HWY #1122		
FORT LAUDERDALE FL 33301 City, State & Zip 954 816 4044				
Daytime Telephone number				

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: CENTRA HEALTHCARE SOLUTIONS, INC. ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 100 N. FEDERAL HWY. #1192 FT. LAUDERDALE, FL 33301 ARTICLE III PURPOSE The purpose for which the corporation is organized is: A FOR PROFIT HEALTHCARE STAFFING CONSULTING FIRM. ARTICLE IV SHARES The number of shares of stock is: 100 INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): OMRI PARO, 100 N. FEDERAL HWY #1180 FORT LAUDERDALE, FL PRESIDENT ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: OMRI PARO 100 N. FEDERAL HWY. #1102 PT LAUDERDALE, FL 33301 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: ()MRI PARO 100 N. FEDERAL HWY # 1102 FT. LAUDERDALE, FL 33301 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 Signature/Registered Agent

Signature/Incorporator