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2009 HAN 12 P 2: 4
SECRETARY OF STATE

MAR 13 2009 D. A. WHITE

COVER LETTER

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

SUBJECT:	SUNSET HEALTH CARE CENTER, INC.		
Enclosed are an origina	(PROPOSED CORPO	RATE NAME - MUST INCL	
\$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
FROM:	CLIFTON H. RODRIQUEZ, CPA Name (Printed or typed) 3146 NW 68th STREET Address		
	City,	DERDALE, FLORIDA 33309- State & Zip (954)969-9380 elephone number	1206

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

ARTICLES OF INCORPORATION

For

FILED

Sunset Health Care Center, Inc.

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The undersigned subscribers(s) for the purpose of forming a corporation under the Floriday OF STATE Business Corporation Act, hereby adopts the following Articles of Incorporation: LAHASSEE, FLORIDA

Article I-Name of the Corporation

The name of the corporation shall be:

Sunset Health Care Center, Inc.

Article II-Nature or Purpose of the Business

The purpose of the corporation is to engage in any lawful activity permitted by the laws of this state. The corporation will provide healthcare and well being services to the general public in the State of Florida, and the United States. The corporation will comply with any professional regulations imposed by state agencies within the State of Florida as well.

Article III-Principal Office

The initial principal business mailing address of this corporation shall be:

Sunset Health Care Center, Inc. 3215 S US 1 Ste. C Fort Pierce, Florida 34952

Article IV-Number of Shares Authorized

The number of common shares of stock that this corporation is authorized to have outstanding at any one time is:

One Thousand (1000)

(The par value of the corporation common stock will be \$1.00) Josh Bello will each own one hundred percent (100%) of the outstanding shares of the corporation.

Article V-Initial Registered Agent

The name and address of the initial registered agent is:

Clifton H. Rodriquez, CPA 3146 NW 68th Street Fort Lauderdale, Florida 33309-1206

ARTICLES OF INCORPORATION

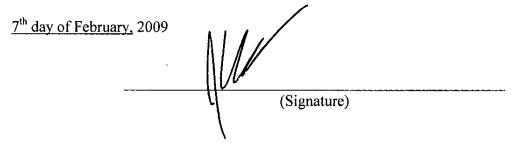
For

Sunset Health Care Center, Inc.

Article VI-Subscriber (s)

Josh Bello 3215 S US 1, Ste. C Ft. Pierce, Florida 33952

The undersigned incorporator(s) has executed these Articles of Incorporation this



Article VI: Perpetual Life of the Corporation

The corporation shall exist perpetually, or until such time that the Board of Directors and/or shareholder(s) decide to dissolve the corporation.

Article VII-Appointment of Officers & Directors

The subscriber(s) of this corporation has appointed the following officers and directors of the corporations. These officers and directors will serve in accordance with the bylaws of the corporation:

	<u>Name</u>	Address	<u>Title</u>
1.	Josh Bello	3215 S. US 1, Ste. C Ft. Pierce, Florida 34952	President/CEO/Chairperson Board of Directors
2.	Josh Bello	3215 S. US 1, Ste. C Ft. Pierce, FL 34952	Exe.VP/Treasurer/Director
3.	Clifton H. Rodriquez, CPA	3146 NW 68 th Street Ft. Lauderdale, FL 33309-1206	Board Advisor/Consultant

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the corporation is: Sunset Health Care Center, Inc.
- 2. The name and address of the registered agent and office are as follows:

Clifton H. Rodriquez, CPA 3146 NW 68th Street Ft. Lauderdale, Florida 33309-1206

Having been named as registered agent and to accept service 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 obligation of my position as registered agent.

Signatur

(Date