

COVER LETTER

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

SUBJECT: Supreme Care Health Services, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Darnita A. Hill, CEO
Name (Printed or typed)

99 N.W. 183rd St, Ste 201
Address

Miami Gardens, FL 33169
City, State & Zip

(954) 579-6346
Daytime Telephone number

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



RECEIVED

09 MAR 13 PM 3:37

FLORIDA DEPARTMENT OF STATE

Division of Corporations DIVISION OF CORPORATION

February 27, 2009

DARNITA A. HILL
99 N.W. 183RD ST., STE. 201
MIAMI GARDENS, FL 33169

SUBJECT: SUPREME CARE HEALTH SERVICES, INC.
Ref. Number: W09000009464

We have received your document for SUPREME CARE HEALTH SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 709A00006931

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:

Supreme Care Health Services, Inc

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

99 N.W. 183rd St, Suite 201
Miami Gardens, FL 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Services

ARTICLE IV SHARES

The number of shares of stock is:

~~1000~~ 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

~~Dr.~~ Darnita A. Hill President/Owner
99 N.W. 183rd St, Suite 201
Miami Gardens, FL 33169

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Darnita A. Hill, ~~PO~~
99 N.W. 183rd St, Suite 201
Miami Gardens, FL 33169

ARTICLE VII INCORPORATOR

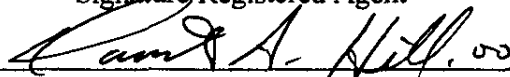
The name and address of the Incorporator is:

Darnita A. Hill
99 N.W. 183rd St., Suite 201
Miami Gardens, FL 33169

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

02/20/2009
Date


Signature/Incorporator

02/20/2009
Date

FILED
09 MAR 13 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA