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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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DEPARTMENT OF STATE
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FLORIDA PROFIT/NON PROFIT CORPORATION

3 JAV'S NURSING, INC

Certificate of Status	0
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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: **3 JAV'S NURSING, INC**

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
16297 S.W. 15 STREET
PEMBROKE PINES, FL 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO ENGAGE IN ANY BUSINESS PERMITTED UNDER THE LAWS OF THE STATE OF FLORIDA
AND/OR THE UNITED STATES OF AMERICA

ARTICLE IV SHARES

The number of shares of stock is:
100 SHARES @ \$10.00 PAR VALUE EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
JESSICA A GONZALEZ, DP
16297 S.W. 15 STREET
PEMBROKE PINES, FL 33027


ARTICLE VI REGISTERED AGENT

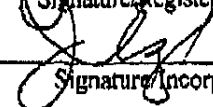
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
JESSICA A. GONZALEZ
16297 S.W. 15 STREET
PEMBROKE PINES, FL 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
JESSICA A. GONZALEZ
16297 S.W. 15 STREET
PEMBROKE PINES, FL 33027

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

6/26/09
Date
6/26/09
Date

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TALLAHASSEE, FLORIDA