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FLORIDA PROFIT/NON PROFIT CORPORATION

GENTCARE QUALITY INC

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Page Count	04
Estimated Charge	\$78.75

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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:

GENTCARE QUALITY INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**12069 Royal Palm Blvd #13
Coral Springs, FL 33065**

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**DONY ATTARA
12069 Royal Palm Blvd #13
Coral Springs, FL 33065**

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ARTICLE V INCORPORATORS(S)

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

**DONY ATTARA
12069 Royal Palm Blvd #13
Coral Springs, FL 33065**

ARTICLE VI DIRECTOR(S)

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

**DONY ATTARA
12069 Royal Palm Blvd #13
Coral Springs, FL 33065**

PRESIDENT

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this **September 1st, 2009**.



SIGNATURE

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

GENTCARE QUALITY INC

2. The name and address of the registered agent and office is:

**DONY ATTARA
12069 Royal Palm Blvd #13
Coral Springs, FL 33065**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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 OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

DATE 09/01/09

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