

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

From: Account Name : THE TAX MAN, INC.
Account Number : I19990000042
Phone : (561) 799-3810
Fax Number : (561) 799-1818

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
JOSEPHINE'S NURSING ASSISTANCE, INC.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

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P.002
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ARTICLES OF INCORPORATION

OF

JOSEPHINE'S NURSING ASSISTANCE, INC.

ARTICLE I

NAME

The name of this corporation is JOSEPHINE'S NURSING ASSISTANCE, INC.

ARTICLE II

NATURE OF BUSINESS

This Corporation may engage in any business activity or business permitted under the laws of The United States and the State of Florida.

ARTICLE III

CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any one time is ONE THOUSAND (1,000) SHARES of common stock having \$1.00 par value.

ARTICLE IV

INITIAL CAPITAL

The amount of capital that this Corporation will begin with is FIVE HUNDRED (\$500.00) DOLLARS.

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ARTICLE V

TERM OF EXISTENCE

This Corporation shall have perpetual existence.

ARTICLE VI

INITIAL REGISTERED OFFICE AND AGENT

The address in the State of Florida of the principle office of this Corporation is 1700 Boardman Ave, West Palm Beach, FL 33407, and the name of the initial registered agent at this address is Josephine Moore.

ARTICLE VII

INITIAL BOARD OF DIRECTORS

The Corporation shall have one (1) directors initially. The number of directors may either be increased or diminished from time to time by the by-laws, but shall never be less than one.

ARTICLE VIII

INITIAL DIRECTORS

Josephine Moore
33407

1700 Boardman Ave
West Palm Beach, FL

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ARTICLE IX

INCORPORATORS

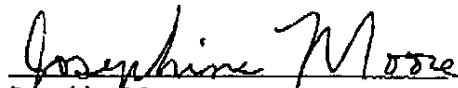
The name and address of the persons signing these articles of incorporation is:

Josephine Moore

1700 Boardman Ave
West Palm Beach, FL

33407

IN WITNESS WHEREOF, the undersigned subscribers have executed these articles of incorporation this 22nd day of September, 2010.


Josephine Moore

STATE OF FLORIDA

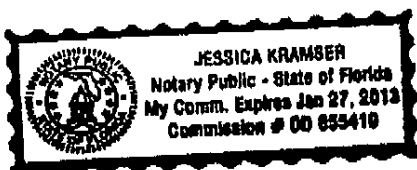
COUNTY OF PALM BEACH

Before me, a notary public authorized to take acknowledgments in the state and county set forth above, Josephine Moore personally appeared, known by me to be the person who executed these articles of incorporation.

IN WITNESS THEREOF, I have hereunto set my hand and official seal, in the state and county aforesaid, this 22nd day of September, 2010.

{SEAL}


Notary Public



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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS
MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48,091, FLORIDA STATUTES, THE
FOLLOWING IS SUBMITTED:

FIRST—JOSEPHINE'S NURSING ASSISTANCE, INC..
DESIRES TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS
PRINCIPLE PLACE OF BUSINESS AT THE CITY OF West Palm Beach, PALM BEACH
COUNTY, STATE OF FLORIDA, HAS NAMED Josephine Moore, AT 1700 Boardman Ave,
CITY OF West Palm Beach, STATE OF FLORIDA AS ITS AGENT TO ACCEPT PROCESS
WITHIN FLORIDA.

SIGNED Josephine Moore
TITLE PRESIDENT
DATE September 22 2010

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY
AGREE TO ACT IN ACCORDANCE WITH THE PROVISIONS OF ALL STATUTES
RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNED Josephine Moore
Josephine Moore
Resident Agent
DATE September 22 2010

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STATE

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