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2011 JAN 24 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JAN 25 2011

## COVER LETTER

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

SUBJECT: JOMAREG HEALTH SERVICES, CORP  
(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: MARIE MAUD MORIN  
Name (Printed or typed)

14855 SW 39 CT  
Address

MIRAMAR, FL 33027  
City, State & Zip

305 766-2620  
Daytime Telephone number

MORINRN7@AOL.COM  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** JOMAREG HEALTH SERVICES, INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3350 SW 148th Avenue  
Suite 110  
Miramar, fl 33027

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Provide personal assistance and health services to the community.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	MARIE MAUD MORIN, PRESIDENT	Name and Title:	
Address:	14855 SW 39CT	Address:	
	MIRAMAR, FL 33027		

Name and Title:	MARIE MAUD MORIN, TREASURER	Name and Title:	
Address:	14855 SW 39CT	Address:	
	MIRAMAR, FL 33027		

Name and Title:		Name and Title:	
Address:		Address:	

**ARTICLE VI REGISTERED AGENT**

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

Name: MARIE MAUD MORIN  
Address: 14855 SW 39CT  
MIRAMAR, FL 33027

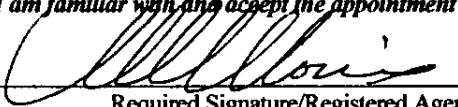
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

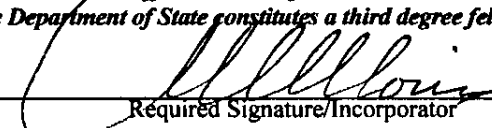
Name: MARIE MAUD MORIN  
Address: 14855 SW 39CT  
MIRAMAR, FL 33027

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

 Required Signature/Registered Agent	<u>1/14/11</u> Date
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I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 Required Signature/Incorporator	<u>1/14/11</u> Date
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