Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations Fax Number : (850) 617-6381 Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305) 552-5973 Fax Number : (305) 220-1440 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 SUNRISE SUPPORT CASE MANAGEMENT INC. Certificate of Status Certificate of Status Certificate Copy Page Count Estimated Charge 578.75		• W)	Il generate another			16.		<u>.</u> > ₹
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ARTICLES OF INCORPORATION

SECRETARY OF STATE

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:

Sunrise Support Case Management Inc.

ARTICLE II - PRINCIPAL OFFICE

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

42 NW 27 ave. Suite Miami Fl 33125

ARTICLE III - SHARES

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

100

<u>ARTICLES IV - INITIAL REGISTERED AGENT AND STREET</u> <u>ADDRESS</u>

The name and address of the initial registered agent is:

sfael Castellon Tejera 42 NW 27 ave Suite 413 Miami FL 33125 H12000139870 H12000139870

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SECRETARY OF STATE.

<u> ARTICLE V – INCORPORATOR</u>

The name and address of the incorporator to these Articles of Incorporation is:

Rafael Castellon Tejera 42 NW27Ave suite 413 Hems, Il, 33125

Signature

<u> ÂRTICLE VI- DIRECTOR (S)</u>

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

Rafael Castellon Tejera (P)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

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