

10/9/12

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : ALLSTATE MEDICAL CONSULTING, INC.
Account Number : I20110000067
Phone : (786) 362-0124
Fax Number : (786) 558-4546

****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
SUNSET MEDICAL STAFFING INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

12 OCT -9 AM 10:21

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 OCT -9 PM 12:14

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Oct. 9. 2012-11:11AM — FLORIDA HEALTH CARE CENTER, INC.

No. 8683

P. 1

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12 OCT -9 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

SUNSET MEDICAL STAFFING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

10300 SW 72 ST SUITE 350

MIAMI, FL 33173

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **PVT BORRAJO MARIA**

Address: **10300 SW 72 ST SUITE 350**

MIAMI, FL 33173

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: **BORRAJO MARIA**

Address: **10300 SW 72 ST SUITE 350**

MIAMI, FL 33173

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: **BORRAJO MARIA**

Address: **10300 SW 72 ST SUITE 350**

MIAMI, FL 33173

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

Registered Signature Registered Agent

10/9/12
Date

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.

Registered Signature Incorporator

10/9/12
Date