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| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
| (Address) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATION

Ps 11/27/12

COVER LETTER

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

SUBJECT: PNugent Health Care Services Inc.

(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

□ \$78.75

Filing Fee Filing Fee

& Certificate of Status

\$78.75 \$87.50 Filing Fee, Filing Fee & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

| FROM: | Paul Nugent |
|-----------|--|
| i ico.vi. | Name (Printed or typed) |
| | 8000 Hampton Blvd. apt #208 |
| | Address |
| | North Lauderdale, FL. 33068 |
| | City, State & Zip |
| | 754-235-8232 |
| | Daytime Telephone number |
| | nugentpaul59@yahoo.com |
| | E-mail address: (to be used for future annual report notification) |

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)

SECRETARY OF STATE DIVISION OF CORPORATIONS

| ARTICLE I The name of the | | ealth Care Inc. | JE NOV 26 AM 8: 5 |
|---------------------------------------|---|---------------------------------------|---------------------------------------|
| ARTICLE II | PRINCIPAL OFFICE | | |
| | Principal <u>street</u> address 8000 Hampton Blvd. Apt #208 | Maili | ing address, if different is: |
| | N Lauderdale, FL. 33068 | | |
| | | | |
| RTICLE III | PURPOSE which the corporation is organized is: Pro | ovida thoropoutia to it's | clients |
| ne purpose for | which the corporation is organized is. 1 To | sylde therapedile to it o | 3101110 |
| | QVA DEG | | |
| LRTICLE IV The number of st | nares of stock is: 500 Shares @\$1.0 | 00 per share. | |
| RTICLE V | INITIAL OFFICERS AND/OR DIR | | |
| | Title: Paul Nugent - President. | Name and Title: | |
| Address: | 8000 Hampton Blvd. Apt #208 N. Lauderdale, FL. 33068 | | |
| , | N. Lauderdale, 7 L. 55000 | | |
| | Title: | Name and Title: | |
| Address: | | | |
| | | | |
| | Title: | Name and Title: | |
| Address: | | | |
| | | | |
| IRTICLE VI The name and F | REGISTERED AGENT lorida street address (P.O. Box NOT acco | eptable) of the registered agent is | : |
| Name: | Charles Inije | | |
| Address: | 3600 S. State Road 7 Suite 2 Miramar, FL. 33023 | | |
| | | | |
| | INCORPORATOR | | |
| | ddress of the Incorporator is: Paul Nugent | | |
| Name: Address: | 8000 Hampton Blvd. Suite 214 | | |
| Address: | North Lauderdale, FL. 33068 | | |
| aving been na | med as registered agent to accept service o | of process for the above stated (| corporation at the place designated i |
| | am familiar with and accept the appointm | | |
| | | · · · · · · · · · · · · · · · · · · · | 11/20/2012 |
| | Required Signature/Registered A | gent | Date |
| | cument and affirm that the facts stated he Department of State constitutes a third deg | | |
| \ | M 20 A | | |
| | #TUP W | OF. | 11/20/2012 Date |
| | Required Signature/Incorporate | OI ⁻ | Date |