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

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FLORIDA PROFIT/NON PROFIT CORPORATION
COAST 2 COAST HEALTHCARE, INC.

Certificate of Status	0
Certified Copy	1
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YMD 9/23

ARTICLES OF INCORPORATION
OF
COAST 2 COAST HEALTHCARE, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

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ARTICLE I NAME

The name of the corporation shall be: COAST 2 COAST HEALTHCARE, INC.

The principal place of business is: 2078 SW 71 ST WAY
DAVIE, FL 33317

ARTICLE II

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:
100 shares

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS/ DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

DELROY NICELY 2078 SW 71 ST WAY DAVIE, FL 33317
CAROL WILLIAMS PO BOX 260504 PEMBROKE PINES, FL 33026
SHERI ALLEYNE 1825 1825 SW 81 AVE DAVIE, FL 33324

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

DELROY NICELY 2078 SW 71 ST WAY, DAVIE, FL 33317

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have)
executed these Articles of Incorporation this 19 DAY OF SEPTEMBER,
2013

Signature of Incorporator

A handwritten signature, likely of Delroy Nicely, is written over a horizontal line. The signature is stylized and enclosed within a large, loopy circular flourish.

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

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Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation: COAST 2 COAST HEALTHCARE, INC.
2. The name and address of the registered agent and office is:

DELROY NICELY
2078 SW 71 ST WAY
DAVIE, FL 33317

Signature _____

Title _____

Date

9/20/13

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature _____

Date _____

9/20/13