

# **Electronic Articles of Incorporation For**

SUMMERSET NURSES CARE INC

P15000043495  
FILED  
May 14, 2015  
Sec. Of State  
jahickman

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

## **Article I**

The name of the corporation is:

SUMMERSET NURSES CARE INC

## **Article II**

The principal place of business address:

319 N KROME AVE  
HOMESTEAD, FL. 33030

The mailing address of the corporation is:

319 N KROME AVE  
HOMESTEAD, FL. 33030

## **Article III**

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

## **Article IV**

The number of shares the corporation is authorized to issue is:

100

## **Article V**

The name and Florida street address of the registered agent is:

SUCEL CARCASSES  
319 N KROME AVE  
HOMESTEAD, FL. 33030

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: SUCEL CARCASSES

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## Article VI

The name and address of the incorporator is:

SUCEL CARCASSES  
319 N KROME AVE

HOMESTEAD, FL. 33030

Electronic Signature of Incorporator: SUCEL CARCASSES

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: PST  
SUCEL CARCASSES  
319 N KROME AVE  
HOMESTEAD, FL. 33030