

AUG/26/2015/WED 12:17 PM

FAX No.

P. 001/003

Division of Corporations

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
HENRY HEALTHCARE INC**

Certificate of Status	0
Certified Copy	1
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AUG 27 2015

S. GILBERT

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FAX No.

P. 002/003

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: HENRY HEALTHCARE INC

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

233 SOUTH BAY HARBOR DRIVE

KEY LARGO, FL 33037

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JESSICA HENRY (P/T/S/D)

Name and Title: _____

Address 233 SOUTH BAY HARBOR DRIVE

Address: _____

KEY LARGO, FL 33037

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: JESSICA HENRY
Address: 233 SOUTH BAY HARBOR DRIVE
KEY LARGO, FL 33037

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JESSICA HENRY
Address: 233 SOUTH BAY HARBOR DRIVE
KEY LARGO, FL 33037

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Jessica Henry 08/26/2015
Required Signature/Registered Agent 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.

Jessica Henry 08/26/2015
Required Signature/Incorporator Date