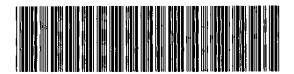
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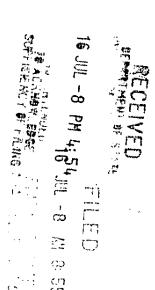
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
, ,	
Certified Copies Certificates of Status	
Certificates of Status	
Special Instructions to Filing Officer:	
 	

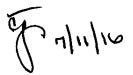




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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive
Tallahassee, Florida 32312
(850) 656-4724
SUNSHINECORPORATE2014@GMAIL.COM

Date: 7-8-16	
ENTITY NAME: CER Healthcare Associ	eates, Inc
PLEASE FILE THE ATTACHED AND RETUI Plain Copy Certified Copy	₹N:
PLEASE OBTAIN THE FOLLOWING FOR THE ABO Document Number: Certified Copy of Arts & Amendments Certificate of Good Standing	VE ENTITY:
**APOSTILLE'/NOTARIAL CERTIFICATION COUNTRY OF DESTINATION NUMBER OF CERTIFICATES REQUESTED TOTAL AMOUNT OWED:	

ARTICLES OF INCORPORATION

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

16 JUL -8 AM 8:55

ARTICLE I NAME

The name of the corporation shall be:

C&R HEALTHCARE ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

14861 SW 32ND LANE MIAMI, FLORIDA 33185

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR

CHRISTINA SIMON

14861 SW 32ND LANE

MIAMI, FLORIDA 33185

DIRECTOR

RORY DIAZ

14861 SW 32ND LANE

MIAMI, FLORIDA 33185

PAGE 2 C&R HEALTHCARE ASSOCIATES, INC.

FILED

16 JUL -8 AN 8:55

ARTICLE VI REGISTERED AGENT

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

RORY DIAZ 14861 SW 32ND LANE MIAMI, FLORIDA 33185

ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:

RORY DIAZ 14861 SW 32ND LANE MIAMI, FLORIDA 33185

KORY DIAZ & Registered Agent

Date

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.

RORY DIAZ/Incorporator

7-8-16 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.