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Florida Department of State
Division of Corporations
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FLORIDA DEPARTMENT OF
STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
ELIZABETH SHEERWOOD CORP**

Certificate of Status	0
Certified Copy	1
Page Count	02
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Corporate Filing Menu

Help

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

ARTICLE I NAME ELIZABETH SHERWOOD CORP
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE Principal <u>street</u> address	Mailing address, if different is:
<u>730 SW 64TH WAY</u>	<u>730 SW 64TH WAY</u>
<u>PEMBROKE PINES, FL 33023</u>	<u>PEMBROKE PINES, FL 33023</u>

ARTICLE III PURPOSE HEALTH SERVICES
The purpose for which the corporation is organized is: _____

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>ELIZABETH S. SHERWOOD</u>	Name and Title: _____
Address: <u>730 SW 64TH WAY</u>	Address: _____
<u>PEMBROKE PINES, FL 33023</u>	_____
<u>(PRESIDENT)</u>	_____

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: ELIZABETH S. SHERWOOD
Address: 730 SW 64TH WAY
PEMBROKE PINES, FL 33023

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ELIZABETH S. SHERWOOD
Address: 730 SW 64TH WAY
PEMBROKE PINES, FL 33023

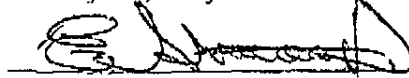
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: FEBRUARY 28, 2017 (OPTIONAL)

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

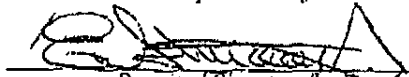


Required Signature/Registered Agent

FEBRUARY 28, 2017

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.



Required Signature/Incorporator

FEBRUARY 28, 2017

Date