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	Division of Corporations		~>
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	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	-	~C
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FLORIDA PROFIT/NON PROFIT CORPORATION SUNSHINE HEALTH SERVICES INC.

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

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<u>.ceji priv</u>	CIPAL OFFICE Principal street address W 85 Place 12 33189	_	ailing address, if different is:
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	stock is: 100		AH 10: 38 ''' ATE ''''
	LOFFICERS ANDVOR DIRECTORS Parbattie Harack P	Name and Title:	
	20920 SW 85 Pl. Miami FL 33189	_ Address:	
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Name and Title:		_ Name and Title:	
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PAGE 03/03

Name and	Title:	Name and Title:	
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The mane and Flor	GISTEREDAGENT ida street address (P.O. Box NOT accepted Parbattil Harack 20920 SW 85 Pl. Liami FL 3318 CORPORATOR		2021 HAY -3 AM 10:
The <u>name and addr</u> Name:	ess of the Incorporator is: Parka Hie Harack		ြို့် မြို့ (G)
Address:	209205W85P1 Miami FZ 3318	<u>.</u> 9	
filing.) Note: If the date insi	FECTIVE DATE: ar than the date of filing: Is listed, the date must be specific and elected in this block does not meet the applicative date on the Department of State's reco		
a	is registered agent to accept service of prociar with and accept the appointment as rep LHQ LQCK Required Signature/Registered Agent	ess for the above stated corporation gistered agent and agree to act in th	at the place designated in this is capacity 3/80/2021
I submit that docume document to the Deportune Por Hoathe Required Signature I.	nt and affirm that the facts stated herein riment of State constitutes a third degree f	econy as provided for th CB1/.155, .	3/80/2021
· · · · · · · · · · · · · · · · · · ·	corporator	Date	