

**P22000026629**

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**UNINURS3 CORP.**

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

**ARTICLE I NAME**The name of the corporation shall be: UNINURS3 CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

10133 NW 24TH PL APT 109SUNRISE, FLORIDA 33322**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: NURSING CARE**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SHARI YOUNG, DIRECTOR

Name and Title: \_\_\_\_\_

Address 10133 NW 24TH PL APT 109

Address: \_\_\_\_\_

SUNRISE, FLORIDA 33322

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: SHARI YOUNG  
 Address: 10133 NW 24TH PLACE APT 109  
SUNRISE, FLORIDA 33322

**ARTICLE VII INCORPORATOR**

The **name and address** of the incorporator is:

Name: STEPHAN MONEREAU  
 Address: 100 WALL STREET STE 503  
NEW YORK, NY 10005

**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 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*

Shari Young 03/30/2022  
 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.*

[Signature] 03/30/2022  
 Required Signature/Incorporator Date

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