

P960000015626

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: SUNSHINE HEALTH GROUP, INC.
(Proposed corporate name - must include suffix)

700001716987
-02/16/96--01053--003
****131.25 ****131.25

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

WARREN P. BUTT

Name (printed or typed)

16525 ABLO ISLAND DRIVE

Address

GROVELAND, FL. 34736

City, State & Zip

(407) 649-4344

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

56 FEB 16 AM 11:51

FILED

NOTE: Please provide the original and one copy of the articles.

W. P. Butt
2/16/96

ARTICLES OF INCORPORATION

FILED
96 FEB 16 11:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

X *Warren P. Butt*

ARTICLE I NAME

The name of the corporation shall be:

SUNSHINE HEALTH GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*466 WEST DAKRIDGE RD.
ORLANDO, FLORIDA 32809*

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*WARREN P. BUTT
16525 PABLO ISLAND DR.
GROVELAND, FL. 34736*

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

WARREN P. BUTT
16525 PABLO ISLAND DRIVE
GROVELAND, FL. 34736

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15TH day of FEBRUARY, 19 96

x Warren P. Butt
Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: SUNSHINE HEALTH GROUP, INC.

2. The name and address of the registered agent and office is:

WARREN P. BUTT
(NAME)

16525 PABLO ISLAND DRIVE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

GROVELAND FL
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

x Warren P. Butt
(SIGNATURE)

2-15-76
(DATE)