

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME _____
FIRM _____
ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

.....
REQUEST TAKEN CONFIRMED APPROVED
DATE _____
TIME _____ CK No. _____
BY _____

WALK-IN Will Pick Up 11/16 12:00

RE: Healthcare
Hospitality Concepts, Inc.

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express SM		
<input checked="" type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> () Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name File		
Name Reservation	-01/16/97--01070-014	
Annual Report/Reinstatement	****122.50 ****122.50	
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, Copies		
Courier Service		
Shipping/Handling		
Phone ()		
Top Priority		
Express Mail Prep.		
FAX () pgs.		
SUBTOTALS		

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

ARTICLES OF INCORPORATION

OF

Healthcare Hospitality Concepts, Inc.

FILED
97 JAN 16 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation pursuant to the laws of the State of Florida, hereby signs and adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the Corporation shall be:

Healthcare Hospitality Concepts, Inc.

ARTICLE II - EXISTENCE

The existence of the Corporation shall commence upon the filing of these Articles of Incorporation by and with the Department of State and shall be perpetual.

ARTICLE III - PRINCIPAL OFFICE

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

7990 S.W. 117th Avenue
Suite 100
Miami, Florida 33183

ARTICLE IV - PURPOSES

The Corporation may engage in any and all businesses and activities permitted by the laws of the laws of the State of Florida. The Corporation shall have all of the powers vested in a corporation organized under and existing by virtue of such laws.

ARTICLE V - SHARES

The maximum number of shares which the Corporation shall have the authority to issue shall be 1000 shares of common stock with a par value of \$1.00 per share.

ARTICLE VI - INITIAL REGISTERED AGENT AND OFFICE

The name and address of the initial registered agent and office is:

David A. Beale, Esq.
11894 Island Lakes Lane
Boca Raton, Florida 33498

ARTICLE VII - BOARD OF DIRECTORS

The Corporation shall have two (2) directors initially. The number of directors may be increased or decreased from time to time as provided in the Bylaws of the Corporation. The names and street addresses of the first members of the first Board of Directors who shall hold office until their successors have been duly elected or appointed and have qualified are as follows:

<u>Name</u>	<u>Address</u>
(1st) Paul Hertz	7990 S.W. 117 th Avenue - Suite 100 Miami, Florida 33183
(2nd) Renee Christiansen	352 Northeast Third Avenue Delray Beach, Florida 33444

ARTICLE VIII - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

<u>Name</u>	<u>Address</u>
Paul Hertz	7990 S.W. 117 th Avenue - Suite 100 Miami, Florida 33183

ARTICLE IX

PROVISIONS RELATING TO SEPARATE SHAREHOLDERS' AGREEMENTS

A. All of the shareholders of the Corporation shall be necessary for a quorum at any shareholders' meeting.

B. A unanimous vote of the shareholders of the Corporation shall be required to approve any proposal or motion at any meeting or where any action requires a vote of shareholders.

C. All of the directors of the Corporation shall be necessary for a quorum at any directors' meeting.

D. A unanimous vote of the directors of the Corporation shall be required to approve any proposal or motion at any meeting or where any action requires a vote of directors.

The undersigned incorporator states that the foregoing is true and has executed these Articles of Incorporation this 13th day of January 1997.

PAUL HERTZ, Incorporator

By

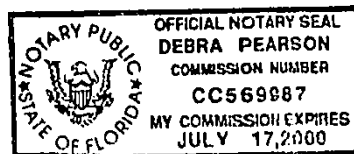
Paul Hertz
Signature

Sworn to and subscribed before me by Paul Hertz (☒ who is personally known to me) or (_____ who produced identification as follows _____)

Notary Public of the State of Florida:

Debra Pearson
Signature

Notary Stamp or Commissioned Name of Notary:



My commission expires:

7-17-2000

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

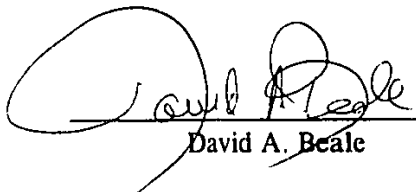
FILED
97 JAN 16 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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.

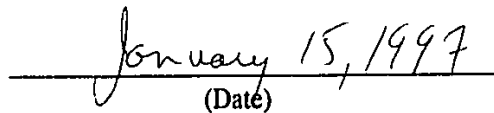
1. The name of the corporation is: **Healthcare Hospitality Concepts, Inc.**
2. The name and address of the registered agent and office is:

David A. Beale, Esq.
11894 Island Lakes Lane
Boca Raton, Florida 33498

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.



David A. Beale



(Date)