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

FATH H 1, 11 (-3) P -2, 3 , ---- 4 -04/01/27 - 000/05 - 001 ****172.50 ****172.50

SUBJECT:	National (Proposed corpora	te name - must include su	work, INC.	
Enclosed is an	original and one(1) cop	y of the articles	s of incorporation and a	check for:	
☐ \$70 Filing I		Fee	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Cop & Certificate	#/6 00%/244
			ADDITIONAL C	OPY REQUIRED	
FROM	Gregor	Name (Printed	or typed)		AH ID: IT
	13855 S	W 160 Addre			7
	Miami	FL 3:	3177 : & Zip		
	(305)	971-1	119		

UNU 4.3.97

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

Daytime Telephone number

ARTICLES OF INCORPORATION

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.

ARTICLE I NAME

The name of the corporation shall be:

National Nursing Home Network, Inc.

ARTICLE II PRINCIPAL OFFICE

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

13855 SW 160 Terrace Miami, FL 33177

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Gregory E. Rubin 13855 S.W. 160 Terrace Miami, Fl 33177

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):

Gregory E. Rubin 13855 SW 160 Terrace Miami, FL 33177

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

26 day of March, 1997.

(An additional article must be added if an effective date is requested.)

Signature Signature

Signature

Signature

Notarization is not required

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 National Nursing Home Net	twork, INC.
2. The name ar	nd address of the registered agent and office is:	
	Gregory E. Rubin	37 YEAR 97 APR
	/3855 SW 160 Terrace (P. O. Box of Mail Drop Box NOT ACCEPTABLE)	R-I A
	Miami, FL 33177 (CITY/STATE/ZIP)	6 5 (A)

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.

Sy S. DZ 29 March 97 (Date)