**Charter Number Only** 0 Address N City State 500002321746--0 -10/16/97--01010--023 \*\*\*\*122.50 \*\*\*\*122.50 CORPORATION(S) NAME **11911°©** Toll Free: 1-800-432-3028 Profit ) NonProfit ) Amendment ( ) Merger ) Foreign ) Dissolution ( ) Mark ) Limited Partnership ) Annual Report ) Reinstatement ) Reservation ( ) Change of Registered Agent Certified Copy ) Photo Copies ( ) Certificate Under Seal ) Call When Ready ( ) Call If Problem ( ) After 4:30 Walk In ( ) Mall Oak ( ) Will Walt Pick Up Availability Document Exeminer Updatur Verifier OCT 1 6 1997 K. Rolle Acknowledgment W.P. Varifier

CR2E031 (R8-85)

ARTICLES OF INCORPORATION of CINTAC CARE CORP. The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida. ARTICLE 1 - CORPORATE NAME The name of the corporation is: CINTAC CARE ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV- CAPITAL STOCK The corporation is authorized to issue One hondred shares (100) of One Dollar(s) (\$ 1,99 ) par value Common Stock, which shall be designated "Common Shares". ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is: NAME ADDRESS ZIP 3331 FLORIDA CITY The principal office, if known, or the mailing address of the corporation is: NAME ADDRESS ZIP33312 **FLORIDA** 

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have	e by the By-Laws, but shall never be less than one (in are as follows:	r of directors may be either  1). The names and addresses
NAME Cindy	Nichalson W 38th Ave	
	dendole state FL	ZIP 33312
NAME	open see sine / O	מונעניום
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
СІТҮ	STATE	ZIP
ADDRESS 2230 S	Jendyle STATE FL	ZIP, <u>7.33</u> 1,2
CITY	STATE	ZIP
NAME		<del></del>
ADDRESS		·
стту	STATE	ZIP
IN WITNESS WHEREOF, the undersigned as the second of the s	gned subscriber(s) have executed these Articles of In	

## CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AG OF	97 OCT 16 SECRETATION
CINJAC CARE C	PH 12: 05 PH 12: 05
(name of corporation)	F 35

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at	30	Sw	38th	Aua		
					333/2	
•				cholson		
		,			ccept service of proc	ess within
this state.						

## **ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Cindy Nicholson (registered agent)