

P98000002930
TRANSMITTAL LETTER

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

400002393444--7
-01/08/98--01013--022
****122.50 ****122.50

SUBJECT: Mission Health Care Inc.
(Proposed corporate name - must include suffix)

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: Bancroft Wright

Name (Printed or typed)

9123 North Military Trail, #210

Address

Palm Beach Gardens, FL 33410

City, State & Zip

561-691-5050

Daytime Telephone number

FILED
98 JAN - 8 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CB
1-12-98

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Mission Health Care Inc.

ARTICLE II PRINCIPAL OFFICE

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

5569 Sea Biscuit Road
Palm Beach Gardens, FL 33418

ARTICLE III SHARES

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

50

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Bancroft Wright
5569 Sea Biscuit Road
Palm Beach Gardens, FL 33418

ARTICLE V INCORPORATOR

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

Bancroft Wright
9123 North Military Trail, #210
Palm Beach Gardens, FL 33410


Signature/Incorporator

President

12/02/97

Date

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

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.


Signature/Registered Agent

12/02/97

Date

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TALLAHASSEE, FLORIDA