

P98000048876

DATE: April 1, 1998

SECRETARY OF STATE
CORPORATION DIVISION
STATE OF FLORIDA
TALLAHASSEE, FLORIDA 32304

RE: SHAMARE HEALTH CARE, INC.

900002541309--8
-05/29/98--01101--009
****122.50 ****122.50

GENTLEMEN:

Enclosed herewith are the articles of Incorporation together with a copy of said Articles for SHAMARE HEALTH CARE, INC. and our check in the amount of \$122.50.

RESPECTFULLY SUBMITTED,

Janet Moncrieffe
Janet Moncrieffe
SHAMARE HEALTH CARE, INC.

5975 W. Sunrise Blvd
Ste 112
Sunrise, FL 33313

FILED
98 MAY 29 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98-2-98

CERTIFICATE OF INCORPORATION

-of-

SHAMARE HEALTH CARE, INC.

WE, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the Laws or the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

ARTICLE I

The name of this corporation shall be:

SHAMARE HEALTH CARE, INC.

ARTICLE II

The corporation may engage in any activity or business permitted under the laws the United States and of the State of Florida,

ARTICLE III

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time is FIVE HUNDRED (500) shares of common stock, having a par value of ONE (\$1.00) DOLLAR PER SHARE.

ARTICLE IV

The amount of capitol with which this corporation will begin business shall be the sum of not less than FIVE HUNDRED (\$500.00) DOLLARS.

ARTICLE V

This corporation shall exist perpetually unless sooner dissolved cording to law,

ARTICLE VI

The initial street address of the principal office of the corporation shall be:

5975 WEST SUNRISE BLVD. SUITE 112

SUNRISE, FL. 33313

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TALLAHASSEE, FLORIDA

ARTICLE VII

The number of Directors of this corporation shall be at least one (1) and no more than five (5)

ARTICLE VIII

The names and street addresses of the members of the first Board of Directors of this

Corporation are as follows:

<u>JANET MONCRIEFF - PRESIDENT</u>	<u>18051 NW 68th Ave</u> <u>MIAMI FL 33015</u>
<u>SHARON RILEY - SECRETARY</u>	<u>9937 NW 47 STREET</u> <u>SUNRISE, FL. 33351</u>
<u>YVONNE BRYAN - TRESURER</u>	<u>7541 NW 11PLACE</u> <u>PLANTATION, FL 33317</u>
<u>MICHAEL AITCHESON - DIRECTOR</u>	<u>4141 NW 50STREET</u> <u>PLANTATION</u>
<u>SHARON STEVENS - V. PRESIDENT</u>	<u>8530 NW 48STREET</u> <u>LAUDERHILL, FL. 33351</u>

ARTICLE IX

The names and street addresses of the persons signing these Articles of

Incorporation as subscribe is as follows:

<u>JANET MONCRIEFFE</u>	<u>18051 NW 68th AVE</u> <u>MIAMI, FL 33015</u>
<u>MICHAEL AITCHESON</u>	<u>4141 NW 48 STREET</u> <u>PLANTATION, FL 33317</u>

ARTICLE X

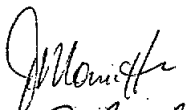
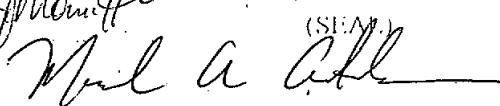
The corporate existence of this corporation shall begin on the date of the Articles of Incorporation are filed of record.

IN WITNESS WHEREOF, the undersigned,

JANET MONCRIEFF and MICHAEL AITCHESON, both being natural persons, competent to

contract, have hereunto set their hands and seals this _____ day of _____ 19 98

STATE OF FLORIDA)

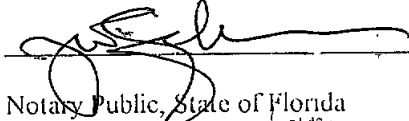
 (SEAL)
- PRESIDENT
 (SEAL)

JSS


COUNTY OF BROWARD

BEFORE ME, the undersigned Notary Public of the State of Florida personally appeared JANET MONCRIEFF and MICHAEL AITCHESON me well known and known to me to be the individuals described in and who executed the foregoing Articles of Incorporation, and they acknowledged before me that they executed the same freely and voluntarily for the purpose therein expressed.

WITNESS my hand and official seal this 1st day of April 1998





Notary Public, State of Florida

(NOTARY SEAL)
JUNIOR W FARQUHARSON
My Commission CC543863
Expires Mar. 31, 2000


My Commission Expires:

3. 31. 2000

JUNIOR W FARQUHARSON
My Commission CC543863
Expires Mar. 31, 2000


JUNIOR W FARQUHARSON
My Commission CC543863
Expires Mar. 31, 2000


**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE
FOR THE SERVICE OF PROCESS WITHIN THIS STATE,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with
said Act: _____

SHAMARE HEALTH CARE, INC.
FIRST: The _____ desiring to organize under the laws of the State of Florida with
its principal offices as indicated in the Articles of Incorporation, in the City of _____, County of
BROWARD _____, State of Florida, has named JANET MONCRIEFFE
_____, located at 5975 West Sunrise Blvd. Suite 112
Sunrise _____, Florida, as its agent to accept services of process within this
State.

ACKNOWLEDGMENT

Having been named to accept services of process for the above stated corporation, at the place
designated in this certificate, I hereby accept to act in this capacity and agree to comply with the
provisions of said Act relative to keeping open said office.

By: _____

Resident Agent

FILED
98 MAY 29 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA