

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Stenbarr Integrated Care, Inc.

P99000075960

FILED

99 AUG 25 PM 2: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/25/99--01034--007

*****78.75 *****78.75

- ☒ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

RECEIVED
99 AUG 25 AM 10:49
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

WL 8/25 10:00

PIA 8/25/99

ARTICLES OF INCORPORATION
OF
STENBARR INTEGRATED CARE, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this corporation is Stenbarr Integrated Care, Inc.

ARTICLE II - DURATION

The corporation shall exist perpetually.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any and all business legal under the laws of the State of Florida and of the United States of America.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 10,000 shares of capital stock of \$1.00 par value common stock.

ARTICLE V - MEMBERS

The qualification of members and the manner of their admission shall be as regulated by the bylaws.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 14350 Carlson Circle, Tampa, FL 33626 with a mailing address of 14350 Carlson Circle, Tampa, FL 33626 and the name of the initial registered agent of this corporation is MICHAEL S. MINOT, with a mailing address of 319 Riveredge Blvd, Suite 218, Cocoa, Florida 32922.

ARTICLE VII - INITIAL BOARD OF DIRECTORS

The number of persons constituting the first board shall be one and his name and address is as follows:

William Barr,	President
Andrew Stenberg,	Vice-President
John Joiner,	Secretary/Treasurer

ARTICLE VIII - INCORPORATOR

The name and address of the incorporator to this corporation is as follows:

Michael S. Minot, 319 Riveredge Blvd, Suite 218, Cocoa, Florida 32922.

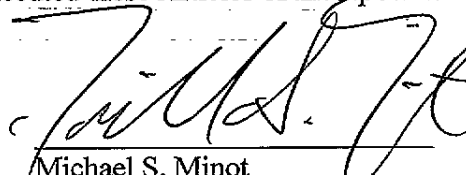
ARTICLE IX - MAILING ADDRESS

The mailing address of this corporation is. 14350 Carlson Circle, Tampa, FL 33626.

ARTICLE X - AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation or any amendment thereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned hereby accepts and states that he is familiar with the duties of being a resident agent and has executed these Articles of Incorporation this 23rd day of August, 1999.

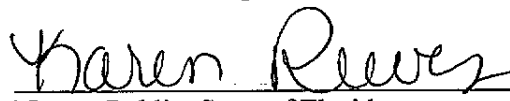


Michael S. Minot
Incorporator/Resident Agent

STATE OF FLORIDA
COUNTY OF BREVARD

BEFORE ME, the undersigned authority, personally appeared, Michael S. Minot, who is personally known to me or who produced _____ as identification, and known to me to be the Incorporator/Resident Agent of this Articles of Incorporation, and he acknowledged to and before me that he executed the same for the purposes therein expressed.

WITNESS my hand and official seal this 23rd day of August, 1999.



Notary Public, State of Florida
My Commission Expires:



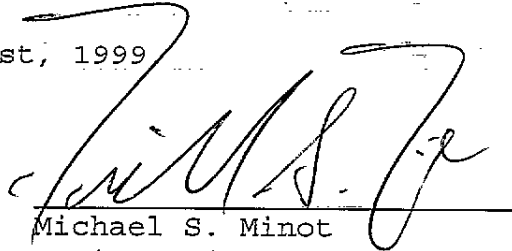
Karen Reeves
MY COMMISSION # CC632148 EXPIRES
June 26, 2001
BONDED THRU TROY FAIR INSURANCE, INC.

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I hereby am familiar with and accept the duties and responsibilities of the Registered Agent of Stenbarr Integrated Care, Inc.

Signed this 23rd day of August, 1999



Michael S. Minot
Registered Agent,
Stenbarr Integrated
Care, Inc.

STATE OF FLORIDA
COUNTY OF BREVARD

BEFORE ME, the undersigned authority, personally appeared, Michael S. Minot, who is personally known to me, and known to me to be the Registered Agent of this Corporation, and she acknowledged to and before me that he executed the same for the purposes therein expressed.

WITNESS my hand and official seal this 23rd day of August, 1999.



Notary Public
State of Florida
My Commission Expires:



Karen Reeves
MY COMMISSION # CC632148 EXPIRES
June 26, 2001
BONDED THRU TROY FAIR INSURANCE, INC.