

NO3000009134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

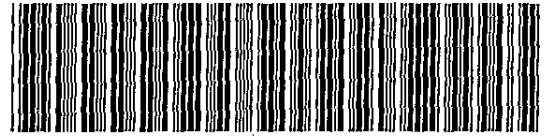
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2003 OCT 17 PM 3:30
CLERK OF STATE
TALLAHASSEE FLORIDA

10/20/03

TRANSMITTAL LETTER

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2003 OCT 17 PM 3:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

SUBJECT: SENIOR CARE FOUNDATION, 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 of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: DAN BUI
Name (Printed or typed)

1897 LAGO VISTA BLVD
Address

PALM HARBOR - FL 34685
City, State & Zip

727-773-0765
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 8, 2003

DAN BUI
1897 LAGO VISTA BLVD.
PALM HARBOR, FL 34685

SUBJECT: SENIOR CARE FOUNDATION, INC.
Ref. Number: W03000029013

We have received your document for SENIOR CARE FOUNDATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Document Specialist
New Filings Section

Letter Number: 103A00055082

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2003 OCT 17 PM 3: 31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 OCT 17 AM 8: 44

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ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

ASSISTANCE
SENIOR CARE FOUNDATION, INC.

ARTICLE II PRINCIPAL OFFICE

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

MAILING: PO BOX 18188, CLEARWATER FL 33762

BUSINESS: 1897 LAGO VISTA BLVD PALM HARBOR FL 34685

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO OFFER SENIOR CITIZENS A VARIETY OF NON-MEDICAL HOME CARE SERVICES DESIGNED TO ENHANCE THEIR PHYSICAL AND MENTAL WELL-BEING AND PROMOTE MORE INDEPENDENT, DIGNIFIED LIFESTYLE.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

DIRECTORS ARE APPOINTED BY CEO.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

DAN BUI
1897 LAGO VISTA BLVD
PALM HARBOR, FL 34685

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAN BUI
1897 LAGO VISTA BLVD
PALM HARBOR, FL 34685

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Dan Bui
Signature/Registered Agent

10-3-03
Date

Dan Bui
Signature/Incorporator

10-3-03
Date

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2003 OCT 17 PM 3:31
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TALLAHASSEE FLORIDA