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TRANSMITTAL LETTER

FILED
02 JAN 30 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Caregivers Of The Keys, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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 of Status

ADDITIONAL COPY REQUIRED

FROM: Donna Kilgore
Name (Printed or typed)

400004844374--4
-01/30/02--01061--005
*****78.75 *****78.75

PO Box 430067
Address

Big Pine Key FL 33043
City, State & Zip

305-304-8664
Daytime Telephone number

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

PS 2/4/02

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Caregivers Of The Keys Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

PO Box 430067
Big Pine Key FL 33043

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful business activity for which corporations may be incorporated under the Florida General Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is:

500 Shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Donna Kilgore President/ Treasurer 1639 Fern Ave., Big Pine Key FL 33043
Betty Ayala V.President/Secretary 1031 WestShore Dr. Big Pine Key FL 33043

ARTICLE VI REGISTERED AGENT

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

Donna Kilgore
1639 Fern Ave
Big Pine Key FL 33043

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Donna Kilgore
1639 Fern Ave
Big Pine Key FL 33043

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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

Donna Kilgore
Signature/Registered Agent

1/28/02
Date

Donna Kilgore
Signature/Incorporator

1/28/02
Date