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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

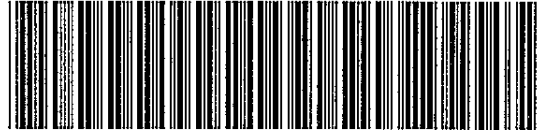
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA  
SECRETARY OF STATE

1781 SW Alegre Street  
Port St Lucie, FL 34953  
October 21, 2003

Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Enclosed please find two (2) copies of the Articles of  
Incorporation of LOVING HEARTS CARING FRIENDS, INC. and a  
check for \$87.50 for a copy to be returned to me.

Sincerely,



Maxine Taylor  
Sole Incorporator

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

LOVING HEARTS CARING FRIENDS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1781 SW Alegre Street  
Port St Lucie, FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage or transact in any or all lawful business permitted in the United States, the State of Florida or any other State, Country, Nation, or Territory.

ARTICLE IV SHARES

The number of shares of stock is:

10,000 of shares of Common Stock having No Par Value

ARTICLE V INITIAL OFFICER AND DIRECTOR

The name and address of the initial officer and director is:

Maxine Taylor  
1781 SW Alegre Street  
Port St Lucie, FL 34953

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TALLAHASSEE, FLORIDA

ARTICLE VI

REGISTERED AGENT

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

Maxine Taylor  
1781 SW Alegre Street  
Port St Lucie, FL 34953

ARTICLE VII

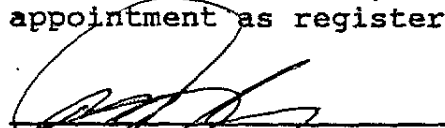
INCORPORATOR

The name and address of the incorporator is:

Maxine Taylor  
1781 SW Alegre Street  
Port St Lucie, FL 34953

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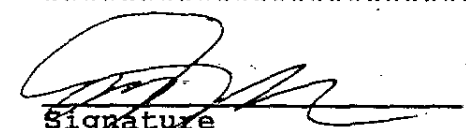
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature  
Registered Agent

10-21-03  
Date

Maxine V Taylor  
Printed Name

\*\*\*\*\*

  
\_\_\_\_\_  
Signature  
Incorporator

10-21-03  
Date

Maxine V Taylor  
Printed Name

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STATE  
FLORIDA