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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

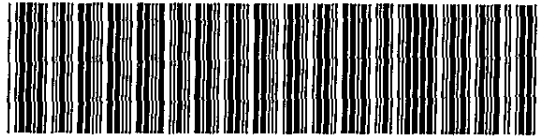
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 NOV 17 PM 4:05

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TRANSMITTAL LETTER

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

SUBJECT: A Care Necessities Center, 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

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Helen Gail Reed
Name (Printed or typed)

4235 57th Ave N
Address

St Pete FL 32714
City, State & Zip

727 528 0709
Daytime Telephone number

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

ARTICLES OF INCORPORATION

1. The name of the corporation shall be: A Care Necessities Center, Inc
2. The principal place of business and mailing address of the corporation is: 4235 57th Ave N, St Petersburg Fl 33714
3. The corporation shall have the authority to issue 100 shares of stock.
4. The registered agent of the corporation is Helen Gail Reed and the registered street address is 4235 57th Ave N, St Petersburg, Florida 33714.
5. The initial Board of Directors shall have 2 member(s) whose name(s) and address(es) is/are as follows: Helen Gail Reed 4235 57th Ave N, St Petersburg Fl 33714 Thomas P Dunn 243 Las Prados Drive, Safety Harbor Fl 34695

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is Helen Gail Reed whose street address is 4235 57th Ave N, St Petersburg Fl 33714

Dated 11-13-03

Helen Gail Reed
Incorporator

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Dated 11-13-03

Helen Gail Reed
Registered Agent

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STATE
ALABAMA
OFFICE, FLORIDA