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AND  
FILED  
09 APR 22 AM 8:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VH

## COVER LETTER

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

**SUBJECT:** Sharing His Care, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Cindy A. Neuschwanger

Name (Printed or typed)

1142 Arbor Hill Circle

Address

Minneola, FL 34715

City, State & Zip

352-241-4678

Daytime Telephone number

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

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AND  
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## 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:

Sharing His Care, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

1142 Arbor Hill Circle  
Minneola, FL 34715

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

### **ARTICLE IV SHARES**

The number of shares of stock is:

1500

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Cindy A. Neuschwanger, President  
1142 Arbor Hill Circle  
Minneola, FL 34715

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Cindy A. Neuschwanger  
1142 Arbor Hill Circle  
Minneola, FL 34715

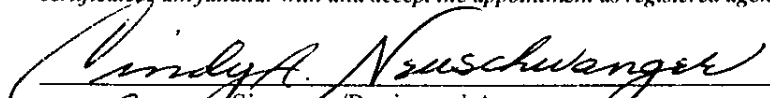
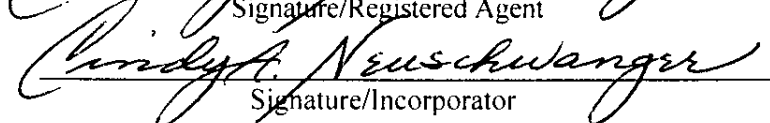
### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Cindy A. Neuschwanger  
1142 Arbor Hill Circle  
Minneola, FL 34715

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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  
  
Signature/Incorporator

04/18/2009

Date

04/18/2009

Date