P10000102352

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

2010 DEC 20 AM 11:30

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MAXWELL SENIOR'S CHOICE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$70.00

RECEIVED
10 DEC 20 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/21/10

ARTICLES OF INCORPORATION

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

FILED
2010 DEC 20 AM 11:31
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Maxwell Senior's Choice, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1008 Plaza Drive
Kissimmee FL 34743

Mailing address, if different is:
2407 River Woods Dr. N
Canton MI 48188

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

We provide home care aides, companion care, homemaker services and may provide nursing services in the client's home or place of residence.

ARTICLE IV SHARES

The number of shares of stock is: 60,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anwar Syed - President
Address: 2409 River Woods Dr. N
Canton MI 48188

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

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

Name: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anwar Syed
Address: 2409 River Woods Dr. N
Canton, MI 48188

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

C T Corporation System

By: Ashley Pipes Assistant Secretary
Required Signature/Registered Agent

12/16/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Anwar Syed
Required Signature Incorporator

12/16/2010
Date