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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

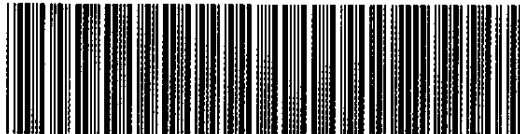
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Acukare Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00 Filing Fee	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED			

FROM: Daniel Naden
Name (Printed or typed)

6115 Spring Isles Blvd
Address

Lake Worth FL 33463
City, State & Zip

561-601-9988
Daytime Telephone number

dan_n31@hotmail.com
E-mail address: (to be used for future annual report notification)

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

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: Acukare Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 6115 Spring Isles Blvd, Lake Worth FL 33463

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Homemaker and Companion Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President - Claudine Nader, Address: 6115 Spring Isles Blvd, Lake Worth FL 33463

Name and Title: CFO - Daniel Nader, Address: 6115 Spring Isles Blvd, Lake Worth FL 33463

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: Claudine Nader, Address: 6115 Spring Isles Blvd, Lake Worth FL 33463

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daniel Nader, Address: 6115 Spring Isles Blvd, Lake Worth FL 33463

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: Claudine Nader, Date: 7-12-11

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.

Signature: Daniel Nader, Date: 7-12-11

