P97000/02965

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$78.75 \$70.00 \$122.50 \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certified Copy & Certificate Certified Copy & Certificate ADDITIONAL COPY REQUIRED Bette Williams

Name (Printed or typed) 4472 Hickory Shores Blud. Gulf Breeze, Florida, 32561
City, State & Zip

F. CHESSER DEC 8 1997

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

850 - 934 - 884 Davtime Telephone number



The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME				
The name of the corporation shall be: WE CARE CAREGIVERS, TWORFORATED				
EFFECTIVE DATE				
ARTICLE II PRINCIPAL OFFICE				
The principal place of business and mailing address of this corporation shall be: 4472 Hickory Shores Blvd. Gulf Breeze, Florida, 32561				
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1, COD Dhares				
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:				
Bette Williams 4472 Hickory Shores Blud. Crule Breeze, Fla. 32561				

The name and address of the incorporator to these Articles of Incorporation are: BEHE Williams, 4472 Hickory Shores Blud. Gulf Brecze, Fla. 32561

Signature/Incorporator

ARTICLE DI		Effective	Date	<u>E</u>
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(An additional article must be added if an effective date is requested.) WE CARE CARE GIVENS, INE. Effective date JAN 2, 192

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 I am familiar with and accept the obligations of my position as registered agent

Dec. 3, 1997 Signature/Registered Agent