No70000054

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dualiteda Litery Harrie)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special instructions to Filing Officer:

Office Use Only



100082448981

12/21/06 -01014--008 **87.50

07.1A3 | 6 | PH | 1: 11

WH 51919 1107-302

COVER LETTER

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

SUBJECT:	AVE MARIA CARE, INC	. · · · · · · · · · · · · · · · · · · ·			
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)					
Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for:					
□ \$70.00	378.75	□\$78.75	□ \$87.50		
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,		
	Certificate of	& Certified Copy			
	Status		& Certificate		
		ADDITIONAL COPY REQUIRED			
FROM:	MARIA TERESITA SANCHEZ				
	Name (Printed or typed)				
661 Colden Cata Dlad D					
	661 Golden Gate Blvd. E Address				
	Naples, FL 34	_			
City, State & Zip					
	239-3527313				
Daytime Telephone number					

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



December 22, 2006

MARIA TERESITA SANCHEZ 661 GOLDEN CATE BLVD. E NAPLES, FL 34120

SUBJECT: AVE MARIA CARE, INC.

Ref. Number: W06000054919

We have received your document for AVE MARIA CARE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please use Officer and Director titles recognized by our office. P,S,T,D,CEO AND VP.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2007 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring Document Specialist New Filing Section

Letter Number: 406A00072384

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

AKT	ICLE	I	NAME

The name of the corporation shall be:

FILED SECRETARY OF STATE UIVISION OF CORPORATIONS

07 JAN 16 PM 4: 01

AVE MARIA CARE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

661 Golden Gate Blvd. E Naples, FL 34120

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

(See attached) Purse!

ARTICLE IV <u>MANNER OF ELECTION</u>

The manner in which the directors are elected or appointed:

Annual election of DIRECTORS AS STATED IN the ARTICLES OF INCORPORATION AND BY-LAWS IS DONE EXCHY VANUARY, BY ANONO THE INCORPORATORS MED

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

(See attached) Please!

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Maria Teresita Sanchez, 661 Golden Gate Blvd. E. Naples, FL 34120

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

See attached) Purse!

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.

Dec. 18, 2004

Dec. 18, 2004

Signature/Incorporator

ARTICLE III **PURPOSE**

- 1. Non-medical in-home health care by professionally trained, caring, friendly and dependable certified nursing assistants (CNA) and caregivers carefully screened, bonded and insured.
- 2. Offer clinical skill training opportunity for in-home health care to deserving less privileged persons.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

Maria Teresita Sanchez - CEO, 661 Golden Gate Blvd. E Naples, FL 34120 Nolan D. Sanchez - Social Services Director & Secretary, 661 Golden Gate Blvd. E Naples, FL 34120

Danilo D. Sanchez - Finance Officer, 661 Golden Gate Blvd. E Naples, FL 34120 - TREASUREN Noel D. Sanchez - Liaison Officer, 661 Golden Gate Blvd. E Naples, FL 34120 - ADM. + MAIN-TEMPINE DIRECTOR

<u>ARTICLE VII INCORPORATOR</u>

- 1. Madison J. Mckay, 661 Golden Gate Blvd. E Naples, FL 34120 —
- 2. Maria Teresita Sanchez, 661 Golden Gate Blvd. E Naples FL 341200 _ VP, CEO
- 3. Carolyn Riordan, 1064 Manor Lake Drive, Naples, FL 34110 _ _ DEVELOPMENT DIRECTOR
- 4. Maria San Felippo, 7730 Hesson Lane Pennsauken, NJ 08901 PUBLIC RELATION DIRECT.

 5. Nolan D. Sanchez 661 Golden Gate Blvd. E Naples, FL 34120 Secretary Education Serving.
- 6. Danilo D. Sanchez 661 Golden Gate Blvd. E Naples, FL 34120 __ TKENSUKEK
- 7. Noel D. Sanchez 661 Golden Gate Blvd. E Naples, FL 34120 _ _ ADM., MAINTEN AMOR DIRECT