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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

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

\$70.00

Filing Fee

SUBJECT: WEST CLASS CARE INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

\$78.75

Status

Filing Fee &

Certificate of

ADDITIONAL COPY REQUIRED	
FROM: FAT TH WILLIAMS CORLEY C/O FIRST CLASS Name (Printed or typed)	CAREIN
15.4 CORDOBA CIRCLE	
ROYAL PALM BEACH FL33411 City, State & Zip	
561-236-1441 - 5W-204-1274 B Daytime Telephone number	177
E-mail address: (to be used for future annual report notification)	r () le li Destrug

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

578.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee,

Certified Copy

& Certificate

Ref# W10000036683

August 18, 2010

Per our conversation please change the above name from: First Class Care Inc. to First Class Care Group Home. We apologize for any inconvenience this may have caused your Corporation.

Sincerely, Jouth Williams Colley

Faith Williams Corley

Incorporator



August 5, 2010

FAITH WILLIAMS CORLEY C/O FIRST CLASS CARE INC. 154 CORDOBA CIRCLE ROYAL PALM BEACH, FL 33411

SUBJECT: FIRST CLASS CARE INC.

Ref. Number: W10000036683

We have received your document for FIRST CLASS CARE INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P05000162085, FIRST CLASS CARE INC.

Please return the corrected 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) 245-6933.

Dale White Regulatory Specialist II New Filing Section

Letter Number: 310A00018825

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

ARTICLE I NAME	
The name of the corporation shall be:	
First Chass CARE Group Home Inc.	
ARTICLE II PRINCIPAL OFFICE	2010 AUG 23 P 12: 26
The principal street address and mailing address, if different is:	SAM WAG 52
154 CORDOBA CIRCLE ROYAL PRIM	SECRETERY OF STATE
Fh 33411 and Mailing 1018 Park Hill Drie	SECRETARY OF STITE TALLANDUEE, TLESUEA
ARTICLE III PURPOSE (1) PB PL 33417	·
The suppose for which the accompation is annually in	3 and dorne
TO HELP IMPOYERISH MEN+ WOMEN WITH	DISABILITIES
ARTICLE IV MANNER OF RLECTION	
The manner in which the directors are elected or appointed:	The second section is the second section of the second section in the second section is a second section of the second section is a second section of the second section secti
APPOINTED BY CORPERATOR	
ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS	
The state of the s	
MONNIE DOCTOR DEEST DENT	WP.B. FL 33411
DONNIE DOCTOR PRESIDENT THERESA WESLEY DIRECTOR IDIS PARK HILL DR I MARLEN LATSON ASSISTANT DIRECTOR 4547 EDITY DATE ITOMS 454 CORDOBACIRLE R.P.B. F	PALM BROCK CIRCLEW.
MARIEN ATSON ASSESTANT DIRECTOR 434	1 33417
MARKEN 21/3010/1007	1.33411
אייים אכן בוואנאטינון ווייעון	
ARTICLE VI INITIAL RESIGNED AGENT AND STREET ADDRESS.	2
The name and Florida street address (P.O. Box NOT acceptable) of the registered a FAITH WILLIAMS CONLEY	gen is.
PADIA INICASSO	
154 CORDOBACIRCHE	•
ROUPL PALM B. TW 33411 ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
The name and address of the Incorporator is: FAITH WILLIAMS CONCY	
154CORDOBACIRCH,	
154 CORDOBACIRCH RED 33411	
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Having been named as registered agent to accept service of process for the above stated corpora in this certificate, I am familiar with and accept the appointment as psylstered agent and agree :	
Jaith Will ams Corley o	7-26-10
Signature/Registered Agent Date	2
South 10 De Cala	7-7/-12
	1-26-10
Signature/Incorporator Date	æ