

NT1000000260

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(City/State/Zip/Phone #)

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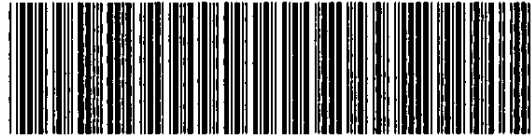
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2011 JAN -6 PM 2:12

J. 1/11/11

COVER LETTER

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

SUBJECT: INSTITUTE FOR ELDER CARE RESOURCES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: PAM ANDERSON
Name (Printed or typed)

12520 6th ST E
Address

TREASURE ISLAND, FL 33706
City, State & Zip

727-360-8043
Daytime Telephone number

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

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

ARTICLE I NAME

The name of the corporation shall be:

INSTITUTE FOR ELDER CARE RESOURCES, INC.

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ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

12520 6th ST E
TREASURE ISLAND, FL 33706

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE SENIORS & THEIR FAMILIES WITH INDIVIDUALIZED SERVICES TO ENHANCE THEIR HEALTHCARE, ECONOMIC SELF-SUFFICIENCY, AND, THE ABILITY TO MAKE INFORMED DECISIONS THAT AFFECT THEIR EMOTIONAL & PHYSICAL WELL-BEING.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

AS PROVIDED FOR IN THE BYLAWS.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

PAMELA ANDERSON MER, NCG., 12520 6th ST E TREASURE ISLAND FL, 33706 (P)
JANICE DABBY, LMHW, 14809 BAY DRIVE LARGO, FL 33774 (NP)
VALERIE PAULA, CGCM, 12520 6th ST E, TREASURE ISLAND, FL 33706 (S/T)

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

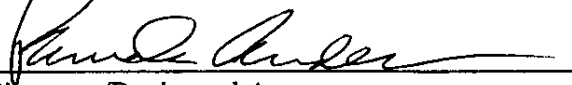
PAMELA ANDERSON
12520 6th ST E
TREASURE ISLAND, FL 33706

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PAMELA ANDERSON
12520 6th ST E
TREASURE ISLAND, FL 33706


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/Registered Agent

12/30/10

Date



Signature/Incorporator

12/30/10

Date