(Reques	tor's Name)
(Address)	
(Address)	
(City/Sta	te/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies	Certificates of Status
Special Instructions to Filing Officer:	

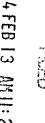
Office Use Only

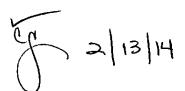


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Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

\$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

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

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

louching Purple Heartsuffesistes The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 4D2 Dunn Street Tallahassee FL 31303 ARTICLE III PURPOSE The purpose for which the corporation is organized is: To ASSIST Elderly Cond Verlerans with living The manner in which the directors are elected or appointed: 15 Set out in the by-laws INITIAL DIRECTORS AND/OR OFFICERS (Treasurer) Perfricia Murray Terratelia red agent and street address The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: CLOVIDA 32304 Dunn street

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 equality.