G.E.	questor's Name	006552 97 NOV 20 PM 3: 28
	Address	SECRETARY OF STATE TALLAHASSEE, FLORIDA
City/State/	Zip Phone #	Office Use Only
CORPORATION	NAME(S) & DOCUMENT NUM	MBER(S), (if known):
1. Frie	oration Name) (D	Occument #)
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Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Dir Change of Registered Agent	Certified Copy Certificate of Status 30002353473-01002-001
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Dir Change of Registered Agent Dissolution/Withdrawal Merger	Certified Copy Certificate of Status Certor Certor
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Dir Change of Registered Agent Dissolution/Withdrawal	Certified Copy Certificate of Status Certor Certor
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Dir Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/	Certified Copy Certificate of Status Cector ******80.00 ******80.00
Walk in Mail out NEW FILINGS- Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Dir Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION	Certified Copy Certificate of Status Cector ******80.00 ******80.00
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Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Dir Change of Registered Agent Dissolution/Withdrawal Merger -REGISTRATION/ -QUALIFICATION: Foreign Limited Partnership	Certified Copy SNCITARURANCE AGIRD 14 JASSAHALLAT ******80.00 ******80.00 ******80.00 ******80.00

ARTICLES OF INCORPORATION

FILED

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

FRIENDS CARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

4255 W. HumpHREY ST, STE 514 TAMPA, FL 33614

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

ORGANIZED SOLELY FOR CHARITAGLE JURPOSES AS INCLUSED IN SECTION 501(c)(3) OF THE INTORNAL REVONUE COSE, AND ANY FITURE CODE THAT MIGHT APPLY.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

METHOS OF ELECTION OF SIRECTORS WILL BE STORED IN THE GILANS.

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

G. EDWARD KITCHENS 4255 w. thempthery 57, 578 514 TAMPA, PC 33614

ARTICLE VI INCORPORATOR

The <u>name and address</u> of the Incorporator to these Articles of Incorporation are:

CARRY LEEDER, 4255 W. Humphrey 57, 57=514, TAMPA, FC 33614 ELNOR LEEDER, 4255 W. Humphrey 57, 57=514, TAMPA, FC 33614 G. EDWALD KITCHOUS, 4747 W WATERS AVE, APT 3106, TAMPA, FC 33614

(An additional article must be added if an effective date is requested.)

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.

11/20/97