## PDD DDD 29446

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

SUBJECT:

600003174476--0 -03/17/00--01074--011 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

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	S78.75 □ \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM:	Appitional Name (Pri	Care, INC.
		37TH STREET, Apr. 20
DAVIC, Florina 33314  City, State & Zip		
(954) 587-1975  Daytime Telephone number		

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

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ADDITIONAL CARE, INC.

<u>ARTICLE II PRINCIPAL OFFICE</u>

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

6150 S.W. 37TH STREET APT. 20 DAVIE, FL 33314

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ARIEL CURY GRACIANO

6150 S.W. 37TH STREET, APT 20 DAVIE, FLORIDA 33314

INCŌRPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

ARIEL CURY GRACIANO 6150 S.W. 37TH STREET, APT 20

DAVIE, FLORIDA 33314

(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