

P00000033826

TRANSMITTAL LETTER

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

3000003190369--4  
-03/30/00--01091--004  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: HOME CARE ALTERNATIVES 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 of  
Status

ADDITIONAL COPY REQUIRED

FROM: DAVID J. STEVENSON  
Name (Printed or typed)

14 CEDARVIEW CT.  
Address

PAUM COAST FL. 32137.  
City, State & Zip

904 806 3772  
Daytime Telephone number

FILED  
MAR 30 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

7/5  
4-4-00  
2

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

HOME CARE ALTERNATIVES INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

14 CEDARVIEW CT.

PALM COAST FL 32137

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO Provide Supportive Services IN CARE Home

## ARTICLE IV SHARES

The number of shares of stock is:

200

## ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

DAVID STEVENSON

PATRICIA ANNE LYNCH CRAIG

DANIELLE LYNN STEVENSON

## ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

DAVID STEVENSON - 14 CEDARVIEW CT PALM COAST FL 32137

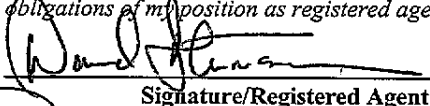
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

PATRICIA ANNE LYNCH CRAIG

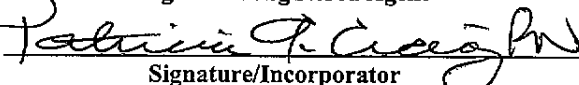
137 BAYSIDE DR. PALM COAST FL 32137

\*\*\*\*\*  
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.

  
Signature/Registered Agent

3/27/00

Date

  
Signature/Incorporator

3/27/00

Date

FILED  
00 MAR 30 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA