

TRANSMITTAL LETTER

P0000050639

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

00 MAY 18 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: FAMILY CARE AGENCY, INC.

(Proposed corporate name - must include suffix)

200003258452--4
-05/18/00--01136--007
*****87.50 *****87.50

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: NOVEL ST. LOUIS

Name (Printed or typed)

35 MARGARET DRIVE

Address

VALLEY STREAM, NY 11580

City, State & Zip

(516) 285-6369

Daytime Telephone number

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

P-5/23/00

ARTICLES OF INCORPORATION

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

FILED

00 MAY 18 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:
FAMILY CARE AGENCY, INC.

ARTICLE II PRINCIPAL OFFICE

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

400 WEST OAKLAND PARK BOULEVARD
FORT-LAUDERDALE, FLORIDA 33311

ARTICLE III SHARES

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

TWO THOUSAND (2,000) SHARES OF COMMON STOCKS.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ESTHER FAUSTIN
1924 N.E. 26TH STREET
FORT-LAUDERDALE, FL 33305

ARTICLE V INCORPORATOR

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

NOYEL ST. LOUIS
35 MARGARET DRIVE
VALLEY STREAM, NY 11580



Signature/Incorporator



Date

(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



Signature/Registered Agent



Date