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TRANSMITTAL LETTER

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

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-06/09/00--01082--009
*****78.75 *****78.75

Subject Complete House Care Management, Inc.

Enclosed is an original and one (2) copy of the articles of incorporation and a check for

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$122.50
Filing Fee
& Certified Copy
(ADD'L COPY REQ'D)

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate
(ADD'L COPY REQ'D)

FROM:	Ana Beatriz Higgins
	29395 Agoura Road, Suite 204
	Agoura Hills, California 91301

FILED
00 JUN -9 AM 9:04
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

T. Burch JUN 16 2000

ARTICLES OF INCORPORATION
OF
Complete House Care Management, Inc.

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: Complete House Care Management, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1322 Riverside Circle
Wellington, Florida 33414

ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 1,500 shares at \$1.00 par value per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

William P. Silver
1322 Riverside Circle
Wellington, Florida 33414

ARTICLE V INCORPORATOR

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

Ana Beatriz Higgins
29395 Agoura Road, Suite 204
Agoura Hills, California 91301

Ana Beatriz Higgins
Ana Beatriz Higgins, Incorporator

June 1st, 2000
Date

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.

William P. Silver
William P. Silver, Registered Agent

6/6/2000
Date

RECEIVED
TALLAHASSEE, FLORIDA

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