

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PO0000073079

Alexis Home Care, Inc

600003336576--2
-07/26/00--01031--017
*****70.00 *****70.00

W-186411

Signature _____

Requested by: LG

Name _____

Date 4/26/00

Time 9:37

Walk-In _____

Will Pick Up _____

- FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
- RECEIVED
00 JUL 26 AM 10:45
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
- ☒ Art of Inc. File _____
☐ LTD Partnership File _____
☐ Foreign Corp. File _____
☐ L.C. File _____
☐ Fictitious Name File _____
☐ Trade/Service Mark _____
☐ Merger File _____
☐ Art. of Amend. File _____
☐ RA Resignation _____
☐ Dissolution / Withdrawal _____
☐ Annual Report / Reinstatement _____
☐ Cert. Copy _____
☒ Photo Copy _____
☐ Certificate of Good Standing _____
☐ Certificate of Status _____
☐ Certificate of Fictitious Name _____
☐ Corp Record Search _____
☐ Officer Search _____
☐ Fictitious Search _____
☐ Fictitious Owner Search _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____
☐ Courier _____
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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 26, 2000

CAPITAL CONNECTION, INC.
417 E VIRGINIA STREET STE 1
TALLAHASSEE, FL 32302

SUBJECT: ALEXIS HOME CARE, INC.
Ref. Number: W00000018641

We have received your document for ALEXIS HOME CARE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and street address must be consistent wherever it appears in your document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6928.

Tim Burch
Document Specialist

Letter Number: 700A00040772

Corrected

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 AUG - 1 PM 1:37

RECEIVED

ARTICLE OF INCORPORATION
OF
ALEXIS HOME CARE , INC

The undersigned Incorporator (s) for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Article of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ALEXIS HOME CARE, INC

ARTICLE II PRINCIPAL OFFICE

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

**7739 OAK GROVE
LAKEWORTH FL 33467**

ARTICLE III CAPITAL STOCK

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

500 SHARES AT \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

**FRITZ R. ALEXIS
7739 OAK GROVE
LAKEWORTH FL 33467**

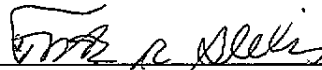
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

The name (s) and street address (es) of the incorporated (s) to these Articles of Incorporation is (are):

FRITZ R. ALEXIS: 7739 OAK GROVE, LAKEWORTH FL 33467

**The undersigned incorporated (s) has (have) executed these Articles of Incorporation on
JULY 22, 2000**



**FRITZ R. ALEXIS
PRESIDENT**

VICE PRESIDENT

TREASURY

SECRETARY

**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT / REGISTERED OFFICE**

**PURSUANT TO THE PROVISION OF SECTION 607.0501 FLORIDA STATUTES THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA SUBMITS THE FOLLOWING STATEMENT IN DESIGNATION THE REGISTERED
AGENT, IN THE STATE OF FLORIDA**

1. The name of the Corporation is:

ALEXIS HOME CARE, INC

2. The name and address of the registered agent office:

**Fritz R. Alexis
7739 OAK GROVE
LAKEWORTH FL 33467**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at designated in this certificate, I hereby accept the appointment as registered agent and agree too act in this capacity. I further agree to comply with 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

7/22/01