POCOCO 7938

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 **SUBJECT:** *****78.75 *****78.75 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$78.75 \$70.00 \$78.75 \$87.50 Filing Fee Filing Fee, Filing Fee Filing Fee & Certified Copy Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED FROM: 850-621-926 Daytime Telephone number

• 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: Quivy Care, P.A.		
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Joo East Office St. Auticle III PURPOSE The purpose for which the corporation is organized is: professional medice practice ARTICLE IV SHARES The number of shares of stock is: 100		
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):		
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	OD AUG 22 PM I	いこのことが
Linda Dianes 1887 Millie Landing Tallahessee, Fel. 32312	t: 03	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Lori Klennedy 1540 Woodgate Way Tullenee, Fl. 33312 *********************************	***********	
Having been named as registered agent to accept service of process for the above stated certificate, I am familiar with and accept the appointment as registered agent and agree to	act in this capacity	<i>†</i>
Signature/Registered Agent	8 - 22 - 00 Date	
Hww. Www. Signature/Incorporator	8-22-50 Date	