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TRANSMITTAL LETTER

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

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-08/21/00--01057--020
*****78.75 *****78.75

SUBJECT: SYLVIA'S HOME HEALTH, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

<u> </u> \$70.00	<u> </u> \$78.75	<u> X </u> \$78.75	<u> </u> \$131.25
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate

FROM:

Sylvia Trice
2689 Cherokee Avenue
Fort Pierce, Florida
34947
Tel No. (561) 467-6707

FILED
00 AUG 21 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

8-25
STC

ARTICLES OF INCORPORATION

FILED
00 AUG 21 AM 11:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SYLVIA'S HOME HEALTH, Inc.

ARTICLE II PRINCIPLE OFFICE

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

2689 Cherokee Avenue
Fort Pierce, Florida
34947

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Chuck Clark
901 SW Martin Downs Blvd., Suite 200C
Palm City, Florida 34990

ARTICLE V INCORPORATOR(S)

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

Sylvia Trice
2689 Cherokee Avenue
Fort Pierce, Florida
34947
Tel No. (561) 467-6707

The undersigned incorporator(s) has (have) executed these Articles of incorporation this 8th day of March 2000

x Sylvia Trice

Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35.00**

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:
SYLVIA'S HOME HEALTH, Inc.

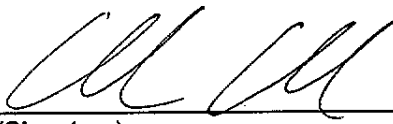
2. The name and address of the registered agent and office is:

Chuck Clark

901 SW Martin Downs Blvd., Suite 200C
Palm City, Florida 34990

Daytime Phone No. : (561) 283-7364

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)

(Date)

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