

PO1000013841

TRANSMITTAL LETTER

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

SUBJECT: Eldercare Consultants of Naples, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

100003632511- - 5
-02/05/01--01028--005
*****78.75 *****78.75

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: Eldercare Consultants of Naples, Inc.
Name (Printed or typed)

P. O. Box 111032
Address

Naples, FL 34108
City, State & Zip

941-594-5004
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FL 32304

01 FEB -5 PM 8:34

FILED

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

✓ 2-7-01
100

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:

Eldercare Consultants of Naples, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. Box 111032
Naples, FL 34108

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide quality care and advocacy to elderly citizens in the community by performing assessments, planning and making appropriate referrals.

The foregoing purposes and activities will be interpreted as examples only and not as limitations, and nothing therein shall be deemed as prohibiting the corporation from extending its activities to any related or otherwise permissible lawful business purposes which may become necessary, profitable or desirable for the furtherance of the corporate objectives expressed above.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares of stock with a \$1.00 par value per share.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Donna Cella, RN, President, Treasurer
P.O. Box 111032
Naples, FL 34108

Rhonda Roettele, RN, Vice-President, Secretary
P.O. Box 111032
Naples, FL 34108

ARTICLE VI REGISTERED AGENT

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

Donna Cella, RN
593 102nd Avenue N.
Naples, FL 34108

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rhonda Roettele
P.O. Box 111032
Naples, FL 34108

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Rhonda Cella
Signature/Registered Agent

1-31-01
Date

Rhonda Roettele
Signature/Incorporator

1-31-01
Date