

TRANSMITTAL LETTER

PO1000016451

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

SUBJECT:

CARE PLACE of Florida, INC  
(Proposed corporate name - must include suffix)

300003673743--2  
-02/12/01--01026--001  
\*\*\*\*\*87.50- \*\*\*\*\*87.50

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:

Rosa or Cepha Woods

Name (Printed or typed)

219 N. Lakeland Ave

Address

ORLANDO, FL. 32805

City, State & Zip

407 648-2731

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 FEB 12 PM 3:16

FILED

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

Feb  
2/13

(2)

# ARTICLES OF INCORPORATION

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:

CARE PLACE of Florida, INC

## ARTICLE II PRINCIPAL OFFICE

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

219 N. Lakeland Ave  
ORLANDO, FL 32805

## ARTICLE III SHARES

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

100 Shares at a \$1.00 per share  
Cephia Woods - 34 shares  
Rosa Woods - 33 shares  
Phyllis Levy - 33 shares

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Cephia Woods  
219 N. Lakeland Ave  
ORL, FL 32805

## ARTICLE V INCORPORATOR

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

Rosa Woods  
219 N. Lakeland Ave  
ORLANDO FL 32805

Rosa Woods

Signature/Incorporator

2/7/01

Date

(An additional article must be added if an effective date is requested.)

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

Cephia Woods

Signature/Registered Agent

2/7/01

Date

FILED  
01 FEB 12 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA