1880030966

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 323

Tallahassee, F	L 32314	σ :	
SUBJECT:	Care (P	Cordinators, Inc. PROPOSED CORPORATE NAME - MUST	-03/22/0101053014 ******78.75 *****78.75 INCLUDE SUFFIX)
			• •

Enclosed is an origin	al and one(1) copy of the articl	es of incorporation and a	check for:			
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED			
FROM: <u>arol Johnson</u> Name (Printed or typed).						
16841 SW 5 C+ Address = = = = = = = = = = = = = = = = = =						
	Weston, City,	# 3332 State & Zip	MAR 22 M RECRETARYED ALLAHASSEE			
	954-254- Daytime Te	-3 437	4 9: 52 FI (m)			

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



ARTICLES OF INCORPORATION În compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be:	
Care Coordinators, Inc.	Soly A
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: (684) SW 5Cf WLSton, Fl 33326	- TAILANA AM 9.52
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	· · · · · · · · · · · · · · · · · · ·
To provide Staffing + to Coordinate Health Care for individuals + institutions.	
ARTICLE IV SHARES The number of shares of stock is: //OO	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): Carol Johnson, 16841 SW 5 ct, Weston, 3 Willa Dean Range, P.O.BOX 5405	Н 33026 35, Ора Locka, Н 33054
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> of the registered agent is: Cosol Johnson, 16841 SW 5 Ct, Weston	n, fl 33326
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Carol Johnson, 16841 8w 5ct, westo	n, 4 33326
**************************************	Oration at the place designated in this
Signature/Registered Agent	3-17-0 i Date
Signature/Incorporator	3/17/01 Date