TRANSMITTAL LETTER

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APPROVED AND FILED
01 JUN -4 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: CARING HANDS INSTITUTE, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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: Jane F. Payeur
Name (Printed or typed)

104 West 5th Ave
Address

Tallahassee, FL 32303
City, State & Zip

850-681-9504
Daytime Telephone number

FILED
2001 JUN -4 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****78.75 *****78.75

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

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JW

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:

CARING HANDS INSTITUTE, INC,

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

104 W 5th AVE, Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: a school which ~~is~~ a nonpublic postsecondary noncollegiate career educational ~~corporation~~ that provides postsecondary programs of instruction, courses and classes through the student's personal attendance, in the presence of an instructor, in a classroom, clinical, or other practicum setting OR through correspondence or other distance learning.

ARTICLE IV SHARES

The number of shares of stock is:

1 (one)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

President, Vice President, Secretary, Treasurer } all Jane F. Payeur, 104 W 5th AVE, Tallahassee, FL 32303

ARTICLE VI REGISTERED AGENT

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

Jane F. Payeur (name)
104 W 5th AVE
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Jane F. Payeur (home)
104 W 5th AVE
Tallahassee, FL 32303

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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

Jane F Payeur
Signature/Registered Agent — Date: 31 May 01

Jane F Payeur
Signature/Incorporator — Date: 31 May 01