

# FD1000055387

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Famille Care Center Inc.

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FILED  
01 JUN -4 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

300004340853--0

-06/05/01--01001--010

\*\*\*\*\*70.00 \*\*\*\*\*70.00

<input checked="" type="checkbox"/> Profit <i>Articles</i>	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

6/4/01

Order#: 4470036

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

A CCH LEGAL INFORMATION SERVICES COMPANY

W01-12650  
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J. BRYAN JUN - 4 2001  
J. BRYAN JUN - 5 2001



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 4, 2001

CT CORPORATION SYSTEM  
660 E. JEFFERSON ST.  
TALLAHASSEE, FL 32301

SUBJECT: FAMILLE CARE CENTER, INC.  
Ref. Number: W01000012650

WALK-IN  
pick-up

We have received your document for FAMILLE CARE CENTER, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6929.

ATD: Joey Bryan  
Document Specialist  
New Filing Section

please back date.  
thanks

Letter Number: 901A00033883

RECORDED  
01 JUN -5 PM 12:26  
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION  
OF  
FAMILLE CARE CENTER, INC.

FILED  
01 JUN -4 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

FIRST: The name of the Corporation is: FAMILLE CARE CENTER, INC.

SECOND: The street address of the initial principal officer, and, if different, the mailing address of the corporation is: 2215-F WINKLER AVENUE, FT. MEYERS, FLORIDA 33901

THIRD: The number of shares the corporation is authorized to issue is: ONE HUNDRED SHARES (100)

FOURTH: The street address of the initial registered office of the corporation is c/o CT Corporation System 1200 South Pine Island Road, City of Plantation, Florida 33324, and the name of its initial registered agent at such address is CT Corporation System.

FIFTH: The names and address of the persons who are to serve as initial directors are:

Elfrance Milce  
2215 Winkler Ave  
Ft. Meyers, FL 33901

Simone Milce  
2215 Winkler Ave  
Ft. Meyers, FL 33901

Charles Exeume  
2215 Winkler Ave  
Ft. Meyers, FL 33901

SIXTH: The name and address of each incorporator is:

Peter Mincieli  
16771 SW 6<sup>th</sup> St.  
Pembroke Pines FL 33027

  
Signature of Incorporator

Date: 6/4/01

CT System is familiar with and accepts the obligation provided for in Section 607.0505 of the Florida Statutes.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO RECEIVE SERVICE OF  
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED  
IN THESE PROVISIONS, 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 RELATIVE TO  
THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM  
FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS  
REGISTERED AGENT.

DATE: \_\_\_\_\_

CT CORPORATION SYSTEM

BY: Connie Bryan

Connie Bryan,  
Special Assistant Secretary

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TALLAHASSEE, FLORIDA