TRANSMITTAL LETTER Department of State Division of Corporations TRANSMITTAL LETTER

P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	FAMILY	CHOICE	HOME	CARE, INC.		
		(PROPOSE	D CORPO)RATE NAME – <u>MUST</u>	INCLUDE SUFFIX)	_
				- ₹=.	ere + 1	
	900044 -06/27/0 *****87					
Enclosed is an	original and	l one(1) copy	of the a	rticles of incorporation	and a check for:	
☐ \$70		\$78.75		\$78.75	\$87.50 Filing Fee	7

Filing Fee

& Certificate of Status

Filing Fee

& Certified Copy

& Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: _	KEITH A VERNON Name (Printed or typed)					
	6115 MIRAMAR PARKWAY SUITE	В				
_	Address					
	MIRAMAR FL 33023					
	City, State & Zip					
	954- 893-0801					
	Daytime Telephone number					

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



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:

FAMILY CHOICE HOME CARE, INC.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

Cir # 306 sherman 8560

33025 FL. Miramar,

PURPOSE <u>ARTICLE III</u>

The purpose for which the corporation is organized is:

HOME HEALTH CARE

ARTICLE IV **SHARES**

The number of shares of stock is:

10,000 @ \$1.00 PAR

ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es):

REGISTERED AGENT

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

LINDOR, P.A. J.

206 6151 MIRAMAR PKWY SUITE

33023 MIRAMAR, FL

ARTICLE VII *INCORPORATOR*

The name and address of the Incorporator is:

VERNON KEITH

CIR #306 SHERMAN 8560 N.

33025 FL. MIRAMAR,

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

egistered

Signature/Incorporator