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TRANSMITTAL LETTER

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

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-07/17/01--01062--010
*****78.75 *****78.75

SUBJECT: CARE SOURCE NETWORK, INCORPORATED
(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: PRUDENCE C. WILLIAMS
Name (Printed or typed)

12127 CRANEFOOT DRIVE
Address

JACKSONVILLE, FLORIDA 32223
City, State & Zip

(904) 880-5222 or (904) 982-0166
Daytime Telephone number

FILED
01 JUL 17 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PS 7/15/01

FILED

01 JUL 17 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

CARESOURCE NETWORK, INCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

12127 CRANEFOOT DRIVE / * P. O. BOX 56738
JACKSONVILLE, FL 32223 / JACKSONVILLE, FLORIDA 32241-6738

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To facilitate the access of support services/resources for individuals and families with social, emotional and financial challenges that may relate to, but are not limited to, illness and disability and the doing of any other business and contracting work incidental to or connected with such work, including counseling and mediation services." The foregoing purposes and activities will be interpreted as examples only and not as limitations, and nothing therein shall be deemed as prohibiting the corporation from extending its activities to any related or otherwise permissible lawful business purposes which may become necessary, profitable or desirable for the furtherance of the corporate objectives expressed above."

ARTICLE IV SHARES

The number of shares of stock is: 100 shares of stocks.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

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

MARIAN A. SIMPKINS
2521 LANTANA AVENUE
JACKSONVILLE, FLORIDA 32209

ARTICLE VII INCORPORATOR

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

PRUDENCE C. WILLIAMS
P.O. BOX 56738
JACKSONVILLE, FLORIDA 32241-6738

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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

Marian A. Simpkins
Signature/Registered Agent

7/3/01
Date

Prudence C. Williams
Signature/Incorporator

7/3/01
Date