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TRANSMITTAL LETTER

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

000004612200--8  
-09/26/01--01060--005  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Community Choice Connection Corporation  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Marta Elaina Giambrone  
Name (Printed or typed)

2825 SE Wiltshire Terr.  
Address

Port St. Lucie, FL 34952  
City, State & Zip

(561) 335-8715  
Daytime Telephone number

FILED  
01 SEP 26 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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

9-27-01  
MPC



## 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:

Community Choice Connection Corporation

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 8235, Port St. Lucie, FL 34985

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Support coordination services for special needs people

### ARTICLE IV SHARES

The number of shares of stock is:

100 shares shall be issued and held in house

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Marta Elaina Giambrone, CEO, 2825 SE Wiltshire Terr., Port St. Lucie, FL 34952

### ARTICLE VI REGISTERED AGENT

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

Marta Elaina Giambrone, 2825 SE Wiltshire Terr., Port St. Lucie, FL 34952

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Marta Elaina Giambrone, 2825 SE Wiltshire Terr., Port St. Lucie, FL 34952

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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

Marta Elaina Giambrone  
Signature/Registered Agent

09-12-01  
Date

Marta Elaina Giambrone  
Signature/Incorporator

09-12-01  
Date

FILED  
01 SEP 26 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA