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FILED 01 OCT 19 PHI2: 29 SECRETARY OF STATE TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

800004645418----10/19/01--01033--014 *****70.00 ******70.00

subject: <u>cr</u>	itical Needs, Inc. (Proposed corpor	ate name - must include sul	· Mix)
Enclosed is an origin	al and one(1) copy of the articles	s of incorporation and a	check for:
ጃ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: Donald R. Deicke Name (Printed or typed)			
	3815 62nd St. E. Address		
Bradenton, FL 34208 City, State & Zip			
(941)745-1507 Daytime Telephone number			

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Critical Needs, Inc.

ÀRTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3815 62nd St. E. 34208 Bradenton, FL

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 Shares \$1.00 Par Value

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Donald R. Deicke 3815 62nd St. E. 34208 Bradenton, FL

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Donald R. Deicke 3815 62nd St. E. Bradenton, FL 34208

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent