

# P0100001026093

## TRANSMITTAL LETTER

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

900004626659--0  
-10/08/01--01044--016  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: KEEGAN CORP.  
(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

PAY TO :  
FLORIDA DEPT.  
OF STATE

FROM: DAVID M. RICHARDSON  
Name (Printed or typed)

21250 CALIFA ST. #201  
Address

WOODLAND HILLS, CA 91367  
City, State & Zip

818-348-0603  
Daytime Telephone number

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2001 OCT 23 PM 3:59

FILED

DEPT OF STATE:  
PLEASE MAIL  
PAPERS TO

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

2544  
W01-23414

10/23/01



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

2001 OCT 23 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

October 9, 2001

DAVID M. RICHARDSON  
21250 CALIFA STREET #201  
WOODLAND HILLS, CA 91367

SUBJECT: KEEGAN CORP.  
Ref. Number: W01000023416

We have received your document for KEEGAN CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 245-6973.

Claretha Golden  
Document Specialist  
New Filings Section

Letter Number: 301A00056281

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

## ARTICLE I NAME

The name of the corporation shall be:

~~KEEGAN CORP~~ CARE BIZ, INC.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3621 COCOPLUM CIRCLE, COCONUT CREEK,  
FL 33063

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANAGEMENT, CONSULTING

## ARTICLE IV SHARES

The number of shares of stock is:

100,000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

JOHN McDERMOTT  
KELLY McDERMOTT  
3621 COCOPLUM CIRCLE  
COCONUT CREEK, FL 33063

## ARTICLE VI REGISTERED AGENT

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

JOHN McDERMOTT  
3621 COCOPLUM CIRCLE  
COCONUT CREEK, FL 33063

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN McDERMOTT  
3621 COCOPLUM CIRCLE  
COCONUT CREEK, FL 33063

\*\*\*\*\*

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

JM & John McDermott  
Signature/Registered Agent

10/2/01  
Date

JM & John McDermott  
Signature/Incorporator

10/2/01  
Date