TRANSMITTAL LETTER FILE 01 NOV 14 AM 10: 09 SECRETARY OF STATE LLAHASSEE. FLORIDA Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 Care, Inc. **SUBJECT:** - MUST INCLU

000004678580--4-11/14/01 \pm 01047-004 -11/14/01 \pm 01047-004 -11/14/01 \pm 01047-004

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

STO.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75
\$87.50
Filing Fee
Certified Copy
Certified Copy
Certificate of Status
ADDITIONAL COPY REQUIRED

2

Mark FROM:

Name (Printed or typed)

Orporate Cent Jay Suste 103

City, State & Zip 501 33 3-1000 Daytime Telephone number

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

D. BROWN NOV 1. 5 2001

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:

Mark's Star Care, Inc.

ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1300 Corporate Center Way Stute 103 Wellington, FC 33414 <u>ARTICLE IIĬ</u> PURPOSE

The purpose for which the corporation is organized is:

Health Care Savings ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS /DIRECTORS (optional) The name(s) and address(es): Mark Huff 12633 White Coral Dr.

Wellington, FL 33414

REGISTERED AGENT ARTICLE VI The name and Florida street address of the registered agent is:

Mark Hutt 12633 White Obral Wellington, PC 33414 ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mark Hutt. 12633 White Coral Dr. Wellington, FC 33414

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

Signature/Registered Agent

Signature/Incorporator

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