

TRANSMITTAL LETTER

PO1000115729

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

SUBJECT: CAPE ALL CARE GROUP HOME INC.
(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: CHE/SEA MARTIN
Name (Printed or typed)

1907 PICCADILLY CIRCLE
Address

CAPE CORAL . FLORIDA 33991
City, State & Zip

941-283-9653
Daytime Telephone number

100004672171--7
--11/08/01--01035--001
*****78.75 *****78.75

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

wo1-25828
11/8

FILED
DEC-6 PM 2:37
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 8, 2001

CHELSEA MARTIN
1907 PICCADILLY CIRCLE
CAPE CORAL, FL 33991

SUBJECT: CAPE ALL CARE GROUP HOME INC.
Ref. Number: W01000025828

We have received your document for CAPE ALL CARE GROUP HOME INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

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) 245-6878.

Alan Crum
Document Specialist
New Filing Section

Letter Number: 201A00060843

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:

CAPE ALL CARE GROUP HOME, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

603 S.E. 8TH STREET
CAPE CORAL FLORIDA 33990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CAPE ALL CARE GROUP HOME IS GEARED TO PROVIDE ROOM AND BOARD AND SKILLED NURSING CARE TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES.

ARTICLE IV SHARES

The number of shares of stock is:

~~N/A~~ CH. TWO. (2)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

~~N/A~~ CH. error CH
TWO. (2) error CH

ARTICLE VI REGISTERED AGENT

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

CHELSEA MARTIN
1907 PICCADILLY CIRCLE
CAPE CORAL FLORIDA 33991.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHELSEA MARTIN
1907 PICCADILLY CIRCLE
CAPE CORAL FLORIDA 33991

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

Chelea Martin
Signature/Registered Agent

11-5-01
Date

Chelea Martin
Signature/Incorporator

11-5-01
Date

FILED
01 DEC -6 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA