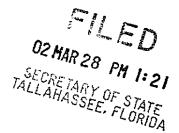
# D02000036/6/

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



SUBJECT: Cedar Homemaker Companion Agency, Inc.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed is an	origina	l and one(1) copy of the articl	000	005173250- -03/28/020100301 *****78.75 *****78
S70.00 Filing Fee		\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:		JoAnn Carter	rinted or timed)	
		1020 10th Ave. W. Palmetto, FL 34221	rinted or typed) Address	
		City, 5	State & Zip	

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

Daytime Telephone number

B 4/3

### RTICLES OF INCCRI TRATION

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

#### ARTICLE I NAME

The name of the corporation shall be:

Cedar Homemaker Companion Agency, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1020-10th Ave. W. Palmetto, FL 34221

#### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Professional Corporation

#### ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

## INITIAL OFFICERS/DIRECTORS (optional)

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

#### ARTICLE VI REGISTERED AGENT

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

JoAnn Carter 1020 10th Ave. West Palmetto, FL 34221

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JoAnn Carter . 1020 10th Ave. West Palmetto, FL 34221

\* 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 agcept the appointment as registered agent and agree to act in this capacity

lature/Incorporator

2-20-2002 Date

OZMAR 28 PM 1:22

SECRETARY OF STATE