

TRANSMITTAL LETTER

P02000060424

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

700005662807--3  
-05/31/02-01045-011  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: JAZMIN'S LIVING CARE 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: Lilith Williams  
Name (Printed or typed)

5353 45<sup>th</sup> Street  
Address

West Palm Beach FL 33407  
City, State & Zip

561-684-3082  
Daytime Telephone number

FILED  
02 MAY 31 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Bm 5/31

## 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:

Jazmin's Living CARE INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5353 45<sup>th</sup> Street  
West Palm Beach FL 33407

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Lilith Williams, President

### ARTICLE VI REGISTERED AGENT

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

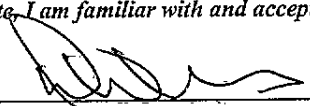
Denise Williams  
8875 Okeechobee Blvd #205  
West Palm Beach FL 33411

### ARTICLE VII INCORPORATOR

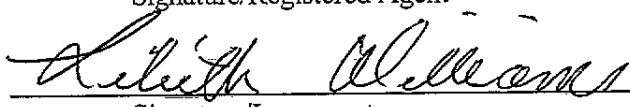
The name and address of the Incorporator is:

Lilith Williams  
5353 45<sup>th</sup> Street  
West Palm Beach FL 33407

\*\*\*\*\*  
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

5/28/02  
Date

  
Signature/Incorporator

5/28/02  
Date

FILED  
02 MAY 31 PM 2:31  
CLERK OF STATE  
TALLAHASSEE, FLORIDA