Depart Divisid P. O. B Tallahas

1000 *****78.75 *****78.75

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

\$70.00 Filing Fee Filing Fee

& Certificate of Status

\$78.75

Filing Fee & Certified Copy \$87.50

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: ROBIN JOHNSON
Name (Printed or typed)
PALM BEACH (LTC) P.O. BOX 36

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

T SMITH JUL 2 4 2002



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 16, 2002

ROBIN JOHNSON P.O. BOX 3664 TEQUESTA, FL 33469

SUBJECT: PALM BEACH LOVING TENDER CARE (LTC)

Ref. Number: W02000020543

We have received your document for PALM BEACH LOVING TENDER CARE (LTC) 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 corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

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

The registered agent must sign accepting the designation.

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) 245-6927.

Tracy Smith
Document Specialist
New Filing Section

Letter Number: 102A00043796

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) The name of the corporation shall be: PALM BEACH LOVING TENDER CARE (LTC) ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: P.O. BOX 3664 TEQUESTA, FL 33469 *ARTICLE III* **PURPOSE** The purpose for which the corporation is organized is: TO PROVIDE COMPANIONSHIP AND HOUSEKEEPING SERVICE TO ELDERLY OR DISABLED. ARTICLE IV The number of shares of stock is: ARTICLE V INITIAL OFFICERS (DIRECTORS (optional) The name(s), address(es) and title(s): ROBIN JOHNSON P.O. BOX 3664 TEQUESTA, FL 33469 REGISTERED AGENT The name and Florida street address of the registered agent is:

ARTICLE VI REGISTERED AGENT

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

ROBIN JOHNSON

BUILDING 17-D

3900 COUNTY LINE ROAD

TEQUESTA, FL 33469

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: ROBIN JOHNSO

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

Robin Johnson Signature/Registered Agent

JULY 10, 2002 Date

Robin Johnson
Signature/Incorporator

July 10, 2002 Date