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TRANSMITTAL LETTER

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

SUBJECT: A Quality Home Care Inc. PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u> I	JDE SUFFIX)	
Enclosed are an original	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee	\$1.\$78.75 Filing Fee	\$87.50 Filing Fee, Certified Copy	
	& Certificate of Status	& Certified Copy ADDITIONAL CO	& Certificate of Status	
	1	ADDITIONAL CO	PI REQUIRED	
FROM: VONNE Wilkes Name (Printed or typed)				
25250 S.W. Tommy Clements St				
	Indiantown City,	Fla: 34951 State & Zip	e	
	772 - 260 Daytime T	- 1171 elephone number		

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

' ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) NR DEC -8 PM 2: 3' ARTICLE I ___NAME The name of the corporation shall be: * A quality Home Care, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 25250 SW Tommy Clements Street Indiantown, FC 349'56 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Home Healthcare 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): Yvonne Wilkes, President REGISTERED AGENT ARTICLE VI The name and Florida street address of the registered agent is: Renée Hardie gol martin Downs Blud. # 200A Palmeity, FL 34990 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Renée Hardie goi martin Downs Blud. #200A Palm City, FL 34990 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

12/2/02 Date