

P03000017788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

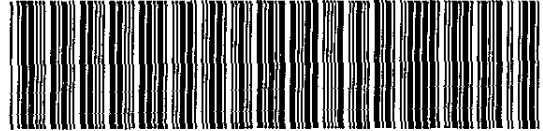
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FILED
03 FEB 13 AM 11:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

[Handwritten checkmarks]

TRANSMITTAL LETTER

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

SUBJECT: ILDIKO + Norman Budd Home 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ILDIKO + Norman Budd Home Care Inc.
Name (Printed or typed)

625 20th ST. S.W.
Address

VERO BEACH FL 32962
City, State & Zip

772-562-4946⁷⁷²⁻ 713-0031
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Ken Detzner
Secretary of State

RECEIVED
03 FEB 14 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 5, 2003

ILDIKO & NORMAN BUDD HOME CARE INC.
625 20TH ST. S.W.
VERO BEACH, FL 32962

SUBJECT: ILDIKO & NORMANS HOME CARE INC.
Ref. Number: W03000003444

We have received your document for ILDIKO & NORMANS HOME CARE INC.. However, the document has not been filed and is being returned for the following:

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

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

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) 245-6934.

Loria Poole
Corporate Specialist
New Filings Section

Letter Number: 703A00007748

ARTICLES OF INCORPORATION

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

FILED
03 FEB 13 AM 11:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ILDIKO + NORMAN'S HOME CARE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

625 20th St. SW.
VERO BEACH FL. 32962

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For employment

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):

Norman Budd PRES.
ILDIKO Budd VICE PRES.
625 20th St. SW.
Vero Beach, FL. 32962

ARTICLE VI REGISTERED AGENT

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

ILDIKO Budd
625 20th St. SW.
VERO BEACH FL 32962

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Norman C. Budd
625 20th St. SW.
VERO BEACH FL. 32962.

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

ILDIKO Budd
Signature/Registered Agent

1/24/03
Date

Norman C. Budd
Signature/Incorporator

1/24/03
Date