

PO300004244/

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

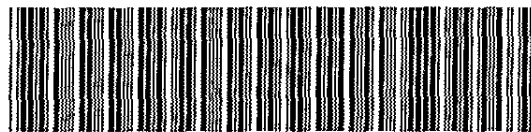
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500015447465

04/11/03--01066--019 \*\*87.50

FILED  
03 APR 11 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: ALTERNATIVE PRIVATE HOME HEALTH INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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:

Rocky Lee Burkhead  
Name (Printed or typed)

35976 N.E. 10TH DRIVE  
Address

Okeechobee FL 34972  
City, State & Zip

863-357-2472  
Daytime Telephone 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)

### ARTICLE I NAME

The name of the corporation shall be:

ALTERNATIVE PRIVATE HOME HEALTH INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

35976 NE 10TH DR  
OKEECHOBEE, FL. 34972

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PRIVATE HOME HEALTH AND LIVING  
ASSITANCE

### ARTICLE IV SHARES

The number of shares of stock is:

1 ONE SHARE

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

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

CEO ROCKY LEE BURKHEAD

### ARTICLE VI REGISTERED AGENT

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


Rocky Lee Burkhead  
35976 NE. 10TH DR.  
OKEECHOBEE, FL. 34972

### ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

FILED  
03 APR 11 AM 8:38  
SECRETARY OF STATE  
PALM BEACH COUNTY  
FLORIDA

\*\*\*\*\*  
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

4-1-03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

4-1-03  
\_\_\_\_\_  
Date