

P03000046041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

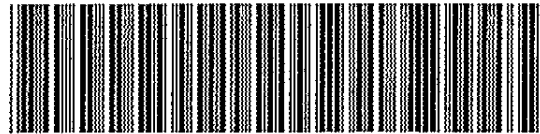
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600014942716

114/04/03--01017--013 **87.50

FILED

03 APR -4 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W03-10098

✓

4/25

TRANSMITTAL LETTER

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

SUBJECT: New Dimension Healthcare, 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: Jason K. Melhorn
Name (Printed or typed)

4404 Robin Avenue
Address

Naples, Florida 34104
City, State & Zip

239-289-4679
Daytime Telephone number

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

FILED

03 APR -4 AM 8: 35

**New Dimension Healthcare, Inc.
Articles of Incorporation**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of this corporation shall be New Dimension Healthcare, Inc. New Dimension Healthcare, Inc. (the "Company"), shall be established as an S Corporation for purposes as they regard the Internal Revenue Service or other tax filings.

ARTICLE II

The principal place of business and mailing address of The Company is PO Box 1456, Naples, Florida 34106.

ARTICLE III

Specific Purpose: This corporation is organized to engage in the business to supply premium health care services including companion and sitter care to individuals and to all other purposes allowed a Florida corporation.

ARTICLE IV

New Dimension Healthcare, Inc. has shares of Common, no par value, stock totaling one-hundred (100), shares.

ARTICLE V

The managing director and chief financial office of The Company is Jason K. Melhorn. For said position, he has purchased twenty (20) shares of outstanding stock at fifty (\$50), dollars per share. Funds were made payable to New Dimension Healthcare, Inc. and shall henceforth be treated as "Owner's Equity".

ARTICLE VI

The registered agent for The Company is Jason K. Melhorn. The address of the Registered Agent is: 4404 Robin Avenue, Naples, Florida 34104.

ARTICLE VII

The incorporator for The Company is Jason K. Melhorn. The address of the incorporator is: 4404 Robin Avenue, Naples, Florida 34104.

ARTICLE VIII

The duration of The Company is perpetual. The effective date of incorporation for all purposes, inclusive of legal, tax, or other, is April 1, 2003.

ARTICLE IX

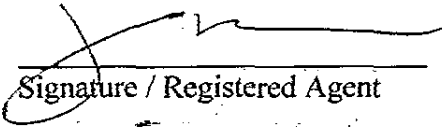
This corporation shall have one director initially. The number of directors may be either increased or diminished from time to time by the bylaws but shall never be less than one. The name and address of the initial director of this corporation is: Jason K. Melhorn, of 4404 Robin Avenue, Naples, Florida 34104. The power to adopt, alter, amend, or repeal bylaws shall be vested in the Board of Directors and the shareholders.

ARTICLE X


This corporation reserves the right to amend or repeal any provisions contained in these Article of Incorporation, or any amendment to them, and any right conferred upon the shareholders is subject to this reservation.

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.

Signed this _____ day of _____, 2003.



Signature / Registered Agent



Signature / Incorporator

STATE OF FLORIDA
COUNTY OF COLLIER

Before me personally appeared Jason K. Melhorn, to me personally known to be the person described as Incorporator and who executed the foregoing Articles of Incorporation and acknowledged before me that he subscribed these Articles of Incorporation this _____ day of April, 2003.

FILED
03 APR -4 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA