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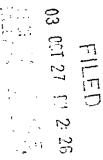
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# TRANSMITTAL LETTER

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

SUBJECT:	Car	Caring Hands of Naples, Inc.				
SOBJECT.		(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Postonal in a		al and ano(1) come of the outish	as af imagemention and a	wheele for		
Enclosed is an	origina	al and one(1) copy of the article	es of incorporation and a	MCCR 101.		
S70		<b>☒</b> \$78.75 Filing Fee	☐ \$78.75 Filing Fee	☐ \$87.50 Filing Fee,		
i mig		& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status		
			ADDITIONAL CO	PY REQUIRED		
FR	ROM:	William A. Somers				
Name (Printed or typed)						
3465 Bonita Beach Road Unit #12 Address						
Bonita Springs, FL 34134  City, State & Zip						
		(239) 947 - 1284				
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:

Caring Hands of Naples, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1105 Reserve Court APT 104 Naples, FL. 34105

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

General business purposes, inculding but not limited to cleaning.

#### ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Norma Barnett. - President & Director

1105 Reserve Court APT 104

Naples, FL. 34105

### ARTICLE VI REGISTERED AGENT

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

William A. Somers 3465 Bonita Beach Road Unit 12 Bonita Springs, FL. 34133

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Norma Barnett. - President & Director

1105 Reserve Court APT 104

Naples, FL. 34105

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certifuegue, I am familiar with any accept the appointment as registered agent and agree to act in this capacity

ipnanire/Registered Agent

Date Date

10/25/0

Signature/Incorporator