

PO 3000 142836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

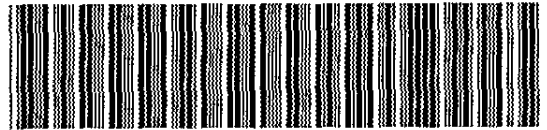
(Business Entity Name)

(Document Number)

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

At Home Care Specialists, Inc.

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

- ☒ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_\_\_ Cert. Copy \_\_\_\_\_
- ☒ Photo Copy \_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_

ARTICLES OF INCORPORATION  
OF  
AT HOME CARE SPECIALISTS, INC,

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I  
CORPORATE NAME

The name of this corporation is AT HOME CARE SPECIALISTS, INC.

ARTICLE II  
PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation are 6826 N.W. 77<sup>th</sup> Street, Gainesville Florida 32653.

ARTICLE III  
CAPITAL STOCK

The maximum number of shares this corporation is authorized to issue is 1,000, all of which shall be common shares. All common shares shall be identical with each other in every respect and the holders thereof shall be entitled to one vote for each share on all matters on which shareholders have the right to vote.

ARTICLE IV  
INITIAL REGISTERED AGENT AND OFFICE

The name and address of the initial registered agent are JAMES F. GRAY, ESQUIRE, 3615-B N.W. 13<sup>th</sup> Street, Gainesville Florida 32609.

ARTICLE V  
INITIAL BOARD OF DIRECTORS

The initial Board of Directors shall consist of one (1) member. The number of directors may be increased or decreased from time to time by vote of the stockholders, but in no case shall the number of directors be less than one (1) nor more than five (5). The name and address of the directors constituting the initial Board of Directors are:

<u>Name</u>	<u>Address</u>
CHERI KNECHT	6826 N.W. 77 <sup>th</sup> Street Gainesville Florida 32653

ARTICLE VI  
INCORPORATOR

The name and street address of the incorporator of these articles of incorporation is:

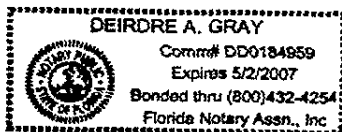
<u>Name</u>	<u>Address</u>
CHERI KNECHT	6826 N.W. 77 <sup>th</sup> Street Gainesville Florida 32653

The undersigned has executed these articles of incorporation on the 1<sup>st</sup> day of December, 2003.

  
\_\_\_\_\_  
CHERI KNECHT, Incorporator

STATE OF FLORIDA  
COUNTY OF ALACHUA

The foregoing Articles of Incorporation of AT HOME CARE SPECIALISTS, INC., were acknowledged before me this 1st day of December, 2003 by CHERI KNECHT who is ☒ personally known to me or ☐ produced \_\_\_\_\_ as identification and who did/did not take an oath.



Deirdre A. Gray  
NOTARY PUBLIC, State of Florida

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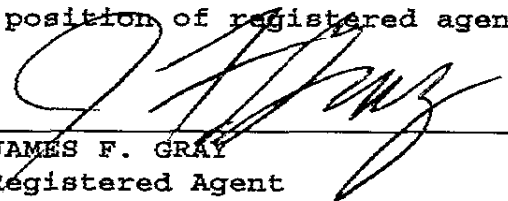
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/  
REGISTERED OFFICE

Under the provisions of F.S. 608.415, AT HOME CARE SPECIALISTS, INC., submits the following statement to designate a registered office and registered agent in the state of Florida:

1. The name of the corporation is: AT HOME CARE SPECIALISTS, INC.
2. The name and street address of the registered agent in Florida are:

NAME	ADDRESS
JAMES F. GRAY, ESQUIRE	3615-B N.W. 13 <sup>th</sup> Street Gainesville Florida 32609

The undersigned, being the person named in the articles of incorporation of AT HOME CARE SPECIALISTS, INC., as the registered agent of this corporation, hereby consents to accept service of process for the above-stated corporation at the place designated in the articles of incorporation, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accepts the obligations of the position of registered agent.

  
\_\_\_\_\_  
JAMES F. GRAY  
Registered Agent