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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2004 APR 19 D 3:

TRANSMITTAL LETTER

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

SUBJECT:	OMPLETE HOME AND OFF	ICE CARE, INC.			
	(Proposed corpo	orate name - must include su	ffix)		
P. 1. 14 ***	1 1 (1)		alanda Con .		
Enclosed is an origina	al and one(I) copy of the article	es of incorporation and a	check for:		
\$70.00	\$78.75	\$78.75	\$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of		
			Status		
		ADDITIONAL CO	PY REQUIRED		
		<u></u>			
FROM:	Shae'le Filiatreau				
	Name (P.	rinted or typed)			
	7475 Spinola Roa				
Address					
	Jacksonville, Florida 32217 City, State & Zip				
essy, some as easy					
	904-448-9522		·		
Daytime Telephone number					

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE	I	NAME

The name of the corporation shall be:

COMPLETE HOME AND OFFICE CARE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7475 Spinola Road Jacksonville, Florida 32217

ARTICLE III __ SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Shae'le Filiatreau 7475 Spinola Road Jacksonville, Florida 32217

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Shae'le Filiatreau 7475 Spinola Road Jacksonville, Florida 32217

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

April 17, 2004

Date

Date