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(Re	questor's Name)			
bA)	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
•		•		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to I	-iling Officer:			
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ma 5/18

TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status
		ADDITIONAL CO	TTRECORED
FROM:	LINDA MOR	PAISON (Printed or typed)	
-	608 MOON I	DANCER CA	27
-	P. B. G., FL.		
_		<u> </u>	
_	Daytime To	elephone number	

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

ARTICLES OF INCORPORATION	SECRETARY OF STA
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	TALLAHASSEE, FLOR
ARTICLE I NAME	04 MAY 17 PM 4: (
The name of the corporation shall be:	
M.A. CARE, INC.	•
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
608 MOONDANCER CRT	an de la companya de La companya de la co
P.B.G., FL- 33410	•
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	100.116 + CLINI
The purpose for which the corporation is organized is: PROVIDE ASST. IN HOSPITACS NULL SERVICES,	7,07,000
ARTICLE IV SHARES	
The number of shares of stock is: 1,000 SHANES @ 1.00	· ·
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
LINDA. MORRISON - SEC/V.P.	
608. MOON DANCER CRT	
P.B.G., FL. 33410	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> of the registered agent is:	
LINDA MORRISON COT	
608 MOON DANKER CRT P.B.G. FL. 3340	
P.B.G. FL. 3340	
ARTICLE VII INCORPORATOR	·
The <u>name and address</u> of the Incorporator is:	
LINDA MORRISON 608 MOONDANCER CRT P.B.G., FL. 334, c ************************************	
1 B (G 231	
**************************************	********
Having been named as registered agent to accept service of process for the above stated corpo	
certificate, I am familiar with and accept the appointment as registered agent and agree to act in	
L Maria	5/10/05
Signature/Registered Agent	Data
O Signaturo (Cegistorou Agent	Dale .
Lenge Morrison	4/10/04
Signature/Incorporator	Date