

PO4000156790

(Requestor's Name)

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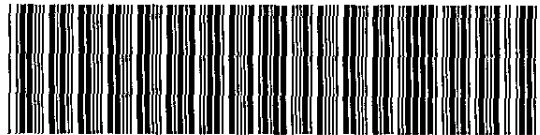
(Business Entity Name)

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11/16/04--01029--010 **70.00

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA
04 NOV 16 PM 1:51

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CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 11/16/04

REF. #: 0169.31861

CORP. NAME: PRESTIGE CARE ENTERPRISES, INC.

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 510322 FOR \$ 70.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
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| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
PRESTIGE CARE ENTERPRISES, INC.

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt the following Articles of Incorporation:

ARTICLE ONE

NAME

The name and principal address of the Corporation is:

PRESTIGE CARE ENTERPRISES, INC.

whose address is 522 S. Rainbow Drive, Hollywood, FL 33021.

ARTICLE TWO

DURATION

The term of existence of the Corporation is perpetual.

ARTICLE THREE

PURPOSE

The Corporation may transact any and all lawful business for which corporations may incorporate under the Florida General Corporation Act.

ARTICLE FOUR

CAPITAL STOCK

The aggregate number of shares which the Corporation has authority to issue is 5,000 shares, all of which shall be common shares with a par value of One Dollars (\$1.00).

ARTICLE FIVE

PRE-EMPTIVE RIGHTS GRANTED

Each shareholder of any class of stock of this Corporation shall be entitled to full preemptive rights to purchase any unissued or treasury shares of the Corporation, and any securities of the Corporation convertible into or carrying a right to subscribe to or acquire shares of any such unissued or treasury shares.

ARTICLE SIX

REGISTERED OFFICE

The street address of the initial registered office of the Corporation is: 125 North 46 Avenue, Hollywood, FL 33021, and the name of the initial Registered Agent is at such address is Bruce M. Gottlieb.

ARTICLE SEVEN

DIRECTORS

The Board of Directors of the Corporation shall consist of two (2). The number of Directors is to be set by the Shareholders at a meeting called for that purpose.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The names and addresses of the first Board of Directors are:

<u>NAME</u>	<u>ADDRESS</u>
ELSIE MONA HENRY	5031 Heron Court Coconut Creek, FL 33073
EVELYN HOWARD	522 S. Rainbow Drive Hollywood, FL 33021

ARTICLE EIGHT

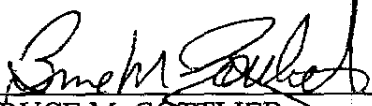
INCORPORATORS

The name and address of the Incorporator is:

<u>NAME</u>	<u>ADDRESS</u>
BRUCE M. GOTTLIEB	125 North 46 Avenue Hollywood, FL 33024

IN WITNESS WHEREOF, I have subscribed my name, on November 15, 2004.

I AM HEREBY FAMILIAR WITH AND ACCEPT THE DUTIES
AND RESPONSIBILITIES AS REGISTERED AGENT FOR SAID
CORPORATION.




BRUCE M. GOTTLIEB
Incorporator and Registered Agent

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing Articles of Incorporation was acknowledged before me this 15 day of November, 2004, by BRUCE M. GOTTLIEB, as the Incorporator and Registered Agent of PRESTIGE CARE ENTERPRISES, INC., a corporation to be formed, who is personally known to me, or who has produced Florida Drivers License as identification and who did take an oath.

NOTARY PUBLIC:

By: 
Print: Andrea Kuhle
My Commission Expires:

