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## TRANSMITTAL LETTER

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

SUBJECT: Nurturin	ng Care Providers Inc.		
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	les 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	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: Mic	hael A Diggett		
	Name (	Printed or typed)	
·	307 SW 16th Ave. #246		
	A	ddress	
	Gainesville, FL 32601	State & Zip	
9	(352) 335-1580 Daytime Te	lenhone 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:

Nurturing Care Providers Inc.

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#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 307 SW 16th Ave. #246 Gainesville, FL 32601

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide support services to the physically and emotionally disabled community.

#### ARTICLE IV SHARES

The number of shares of stock is: 100

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

President- Sandra M. Diggett 249 Woodstock Ct. Ormond Beach, FL 32116

Vice President/CEO/Treasurer-Michael A. Diggett

307 SW 16th Ave. #246 Gainesville, FL 32601

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Michael A. Diggett 307 SW 16th Ave. #246 Gainesville, FL 32601

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael A. Diggett 307 SW 16th Ave, #246 Gainesville, FL 32601

Signature/Incorporator/Michael Diggett