# P05000079728

(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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05 JUN-1 PH 2: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**Charter Number Only** 

S / 3 / OS

Requestor's Name
ON
Address
City State Zip Phone

### CORPORATION(S) NAME

W.P. Verifier

<u>Carry</u>	s 1-ender 10	buch Nursing
,		Inc.
<u> </u>		
(I-X)-Profit	~	* <del>**</del> /
NonProfit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution	( ) Mark
( ) Limited Partnership ( ) Reinstatement	( ) Annual Report ( ) Reservation	( ) Other ( ) Change of Registered Agent
Certified Copy	( ) Photo Copies	( ) Certificate Under Seal
Call_When_Ready  (X) Walk in ( ) Will Wait		( ) After 4:30 ( ) Mail Out
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Verifier	·	
Acknowledgment	/ <u></u>	· <del>/</del>

ARTICLES OF INCORPORATIO of

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME The name of the corporation is: ARTICLE II - DURATION

The corporation shall exist perpetually unless dissolved according to Florida law.

#### ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue \( \text{\text{\text{1}}} \) Hundred shares (1.00) of One Dollar(s) (\$ 1 5000 ) par value Common stock, which shall be designated "Common Shares".

#### ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME **ADDRESS** FLORIDA Florica

The principal office, if known, or the mailing address of the corporation is:

NAME **ADDRESS** FLORIDA

## ARTICLE VI - INITAL BOARD OF DIRECTORS

NAME Catherine O'Neil		
ADDRESS 201 NW 54", St		
CITY Fort lauderdale	STATE [	ZIP 3 3 3 3 0 9
NAME		
ADDRESS	· · · · · · · · · · · · · · · · · · ·	
CITY	STATE	ZIP
NAME	*	
ADDRESS	Well-resident to the second se	
CITY	STATE	ZIP
The names and addresses of the incorporators signing these	NCORPORATIONS  Articles of Incorporation are as follows:	ows:
The names and addresses of the incorporators signing these		DWS:
NAME Cathorine One Start S	Articles of Incorporation are as follo	
NAME Cathorine O'Noil ADDRESS 201 NW 51, 5 S CITY Fort lauclerclail	Articles of Incorporation are as follo	
NAME Catherine O'Noil ADDRESS 201 NW 54 S CITY For Jaucellaid	Articles of Incorporation are as follo	
The names and addresses of the incorporators signing these  NAME Cathorine O'Not  ADDRESS 201 NW 54 S  CITY For Jaucellie  NAME  ADDRESS  CITY  CITY	Articles of Incorporation are as follows:	ZIP 3 3.709
The names and addresses of the incorporators signing these  NAME Cathorine O'Not  ADDRESS 201 NW 51, 5 S  CITY FOR JAUCUCICUS  NAME  ADDRESS	Articles of Incorporation are as follows:	ZIP 3 3.709

Daily Business Review - (05/04)

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

95 JUN-1 PM 2: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Calhy's Tender Touch Nursing Inc.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

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		erclale	Flo	rida			
has named _	Calhe	rine (	Dineil		<del></del>	<del></del>	
located at th	e aforesaid	address, as i	ts Registere	d Agent to a	accept service	ce of process w	ithin
this state.							

#### ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)