P05 00008534 5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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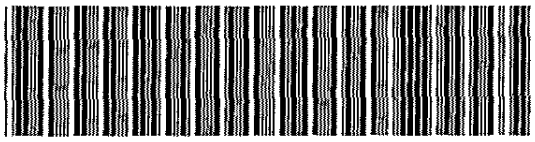

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DIVISION OF CORPORATIONS
05 JUN 14 PM 3:14

J. Shivers JUN 14 2005

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:

HELPING HANDS ADULT FAMILY CARE HOME, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

21459 SEATON AVE
PORT CHARLOTTE FLORIDA 33954

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PURPOSES ALLOWED BY THE STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION AND FLORIDA LAW.

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):

EDDISON M. NELSON SR
21459 SEATON AVE
PORT CHARLOTTE FL 33954
PRESIDENT / DIRECTOR

SHARON M. NELSON
21459 SEATON AVE
PORT CHARLOTTE FL 33954
SECRETARY / TREASURER / DIRECTOR

ARTICLE VI REGISTERED AGENT

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

SHARON M. NELSON
21459 SEATON AVE
PORT CHARLOTTE FL 33954

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

EDDISON M. NELSON SR
21459 SEATON AVE
PORT CHARLOTTE FL 33954

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Sharon Nelson
Signature/Registered Agent — 6/9/05 Date

Signature/Incorporator — 6/9/05 Date