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SECHETARY OF STATE
SECHETARY OF STATE
TALL AllaSSEE, FLORIDA

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## TRANSMITTAL LETTER

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

SUBJECT:	Kamenak	Care managen	nent, Inc.
Enclosed are an orig	(PROPOSED CORPORA	TE NAME - MUST INCL	
\$70.00 Filing Fee	<b>□</b> \$78.75	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Kimberly A Name of P.O. Box 17		
-	813 - <b>3</b> 4	33682-7533 State & Zip 01-5565 Elephone 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)	. 9
	<del>-</del>
The name of the corporation shall be:	, <del></del>
Kamenar Care Management, IPC. G	
ARTICLE II PRINCIPAL OFFICE	<u> </u>
The principal place of business/mailing address is:	FILED
The principal place of business/mailing address is:	0
ARTICLE III PURPOSE Tampa, FL 33082-7533	
ARTICLE III PURPOSE	<u></u>
The purpose for which the corporation is organized is:	
To provide quality care service to the elderly and odi incapacitated individuals, via service case management and its	
incapacitated individuals, via seniae case management and is	varcaled
	C. COURDIANS
The number of shares of stock is:	
50	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
Kimberly A. Kamerar, President P.O. Box 17533 Tampa, FL 3368	2-7533
John Kamenae, JR., Vice President P.O. Box 17533 Tampa, FL 336	en 7583
F.O. Box (1533 lampa, FL 330	82- 1005
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:	
Kimberly A. Kamenar 13402 Survale PL Tampa, FL 33	626
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	·
Kimberly A. Kamenae 13402 Survale PL, Tampa, FL 3	3626
KIMBERTY H. KUTHERIZE 13402 SUNVIRE 12, TUMPA, 1- 3	
**************************************	*****
Having been named as registered agent to accept service of process for the above stated corporation at the place designal certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	ted in this _
Kimberly At Kommon 7-8-05	
, Şignature/Registered Agent Date	
Kimpleile At Kamiman 7-8-05	•
Signature/Incorporator Date	