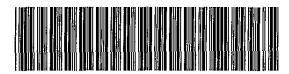
# P05000124247

m <sub>o</sub>	None)			
(RE	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Ćit	ty/State/Zip/Phone	e#)		
•	'	,		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



100059072651

09/07/05--01011--003 \*\*78.75

SECRETARY OF STATE TALLAHASSEE, STORIDA

mel

# TRANSMITTAL LETTER

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

SUBJECT:	Community Homecare Servi	ces, Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles 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 PPY REQUIRED
FROM:	Stephanie F. Strobel	e (Printed or typed)	
	20190 SW 75th St.	Address	<u> </u>
	Dunnellon, FL 34431 City	, State & Zip	<u></u>
	352-465-5661	Talenhone number	<del>.</del>

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)

-FILED SECRETARY OF STATE TALLAHASSEE. FI ORIDA

ARTICLE I NAME

The name of the corporation shall be:

Community Homecare Services, Inc.

.05 SEP -7 AM !!: 15

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 20190 SW 75th St.
Dunnellon, FL 34431

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful business activity as permitted by the State of Florida.

#### ARTICLE IV SHARES\_

The number of shares of stock is: 100 shares of ONE DOLLAR (\$1.00) par value stock

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Stephanie F. Strobel, President 20190 SW 75th St. Dunnellon, FL 34431 Vincent T. Strobel, Vice-President 20190 SW 75th St. Dunnellon, FL 34431

#### ARTICLE VI REGISTERED AGENT

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

Lisa F. Sheffield 20170 E. Pennsylvania Ave. Dunnellon, FL 34432

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Stephanie F. Strobel, 20190 SW 75th St., Dunnellon, FL 34431

ARTICLE VIII EFFECTIVE DATE

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

Signature/Registered Agent 9-1-2005

Date

9-1-2005

Date

9-1-2005

Date