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(Requestor's Name)				
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. (City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE ALLAMASSEE, FLORINA

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COVER LETTER

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

SUBJECT: Excelsior Home Care, Inc.). TO NAME MUST INCL	UDE SUEFIX)
Enclosed are an original and one (1) copy of the artic	-	
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	▼ \$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: Danielle L. Jackson	Printed or typed)	
905 Redwood street	address	
Daytona Beach, Fl. 3211	17 State & Zip	
386-547-3559	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)

ARTICLE I NAME

The name of the corporation shall be:

Excelsior Home Care, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

119 S. Palmetto Avenue Suite 173 Daytona Beach, FL. 32117

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide supplemental staffing services to local area healthcare facilities

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):

Danielle L. Jackson, CEO, 905 Redwood street, Daytona Beach, FL. 32117

ARTICLE VI REGISTERED AGENT

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

Danielle L. Jackson 905 Redwood street, Daytona Beach, FL. 32117

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Danielle L. Jackson 905 Redwood street, Daytona Beach, FL. 32117

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