P000003980a

(Requestor's Name)				
(Address)				
(Addiess)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
/ ~				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

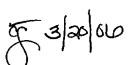


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05 MAR 20 AM II: 19
SLOKETARY OF STATE
ALL AHASSEE, FLORIDA

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06 MAR 20 AM 11: 19

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SECRETARY OF STATE FALL AHASSEE, FLORIDA

SUBJECT:	GSSic Care	Set Lices	InC,
	(r kor obez cold oxu		
Enclosed are an original	inal and one (1) copy of the art	ticles of incorporation and	d a check for:
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM: C	Ollie Fields	e (Printed or typed)	,
· -	114 Heetwo	ud Ave, Address	
·	Tallahassee	7. State & Zip	25
-	(85) 926-9 Daytime	7/15 Telephone number	

NOTE: Please provide the original and one copy of the articles.

ARTICLE I NAME	ic Care services, Inchianged (
The name of the corporation shall be: (235)	Care services, and
	ic Care Services, Inching to 1911.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	14 Heetwood Ave. 33305
The principal place of business/maining address is.	FL 32305
_	Tallahassee, FL 32305
ARTICLE III PURPOSE	11an of any and all law
The purpose for which the corporation is organized	is: The Fransaction of any of
business for which corporations M	an be in corporated under the law
State of Florida, as they may be	is: The transaction of any and all law a, be in corporated under the laws of e amended from time to time
ARTICIDITY SIMILES	And the second s
The number of shares of stock is: 500	
ARTICLE V INITIAL OFFICERS AND/C	OR DIRECTORS
List name(s), address(es) and specific title(s):	Office Fields/ president 114 Heetwood Ave
•	Ull of the Amond Ade
	114 Heetword in
	Tallahussee, FL 32305
	,
ARTICLE VI REGISTERED AGENT	and the second s
The name and Florida street address (P.O. Box No.	OT acceptable) of the registered agent is:
	Ollie Fields 114 Heetward Ave- Tallahassee, FL 32385
	Office Arelas
	114 Heetwa no
ARTICLE VII INCORPORATOR	Tallahassee, H 3156
The name and address of the Incorporator is:	y y the state of t
	- 1/5
C	The Held lave
1	14 Treetwood ATE
***************	111ie Fields 14 Heetwood Ave. Tallaha65ee, # 32300

certificate, I am familiar with and accept the appointment as r	
()	
Alle treeds	3/20/06
Signature/Registered Agent	Date
(1/00) (1000)	2/2/2/
Signatura/Incomprator	<u> </u>
Signature/Incorporator	Date

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)