

PO600011698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

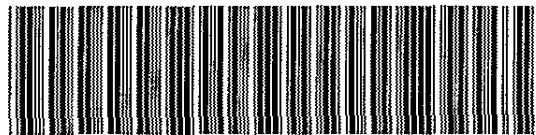
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DEPARTMENT OF STATE
DIVISION OF REGISTRATIONS
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

8/25/06
JES

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Carecore Home Services, Inc.

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

☒ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

☒ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

CARECORE HOME SERVICES, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I – NAME

The name of the corporation shall be: Carecore Home Services, Inc.

The principal place of business of this corporation shall be:

914 Sylvia Drive
Deltona, FL 32725

ARTICLE II – NATURE OF BUSINESS

This corporation may engage in or transact any or all activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III – CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 at \$.01 par value.

ARTICLE IV – TERM OF EXISTENCE

This corporation shall exist perpetually.

ARTICLE V – OFFICERS, DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is/are elected is/are:

Name

Title

Cindy Keshavarz
914 Sylvia Drive
Deltona, FL 32725

President

Margaret O'Rourke
481 Foothill Farms Road
Orange City, FL 32763

Secretary/Treasurer

Maureen Web
1398 DeLand Avenue
Orange City, FL 32763


Vice President

ARTICLE VI—INCORPORATOR(S)

The name and street address of the incorporator of these Articles of Incorporation is:

Cindy Keshavarz
914 Sylvia Drive
Deltona, FL 32725

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 22 day of August, 2006.


CINDY KESHAVARZ, President

STATE OF FLORIDA:
COUNTY OF VOLUSIA:

THE FOREGOING instrument was acknowledged before me this 22nd day of August, 2006, by CINDY KESHAVARZ, ___ who is personally known to me, or X who produced FL DL as identification.


Notary Public



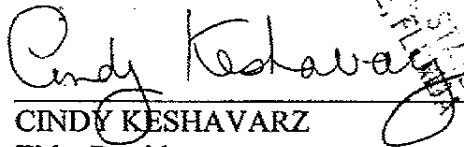
Teresa M. Wilkerson
My Commission DD267695
Expires November 30, 2007

CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

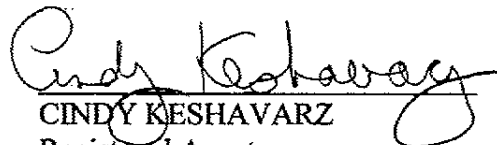
1. The name of the corporation is: Carecore Home Services, Inc.
2. The name and address of the registered agent and office is:

Cindy Keshavarz
914 Sylvia Drive
Deltona, FL 32725


CINDY KESHAVARZ
Title: President
Date: 082206

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.


CINDY KESHAVARZ
Registered Agent
Date: 082206