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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003233
Phone : (305)634-3694
Fax Number : (305)633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

complete care home, inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Complete Care Home, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address is:

19710 NW 9th Drive Pembroke Pines, Florida 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any and all lawful business within the state of Florida, United States and any Nation.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es)

**Carron Bramwell 19710 NW 9th Drive Pembroke Pines, Florida 33029 P/S
Winston Bramwell 19710 NW 9th Drive Pembroke Pines, Florida 33029 VP/T**

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Carron Bramwell 19710 NW 9th Drive Pembroke Pines, Florida 33029

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Carron Bramwell 19710 NW 9th Drive Pembroke Pines, Florida 33029

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.

C. Bramwell
Signature/Registered Agent

3-23-07
Date

C. Bramwell
Signature/Incorporator

3-23-07
Date

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