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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

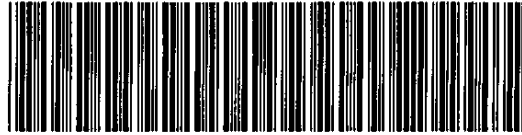
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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TALAMON@STATE.KS

KS

7/22/07

COVER LETTER

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: Caregiver Companion Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
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 COPY REQUIRED**

FROM: Caregiver Companion Inc.  
Name (Printed or typed)

6103 Beachmont Blvd  
Address

Orlando, FL 32808  
City, State & Zip

(407)952-7325  
Daytime Telephone 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:

Caregiver Companion Inc.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

6103 Beachmont Blvd.  
Orlando, FL 32808

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

## **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):

Odette Oxil (P)

## **ARTICLE VI REGISTERED AGENT**

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

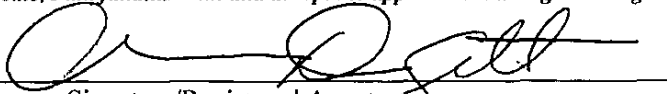
Angela D. Scott  
6821 West Colonial Drive  
Orlando, FL 32818

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

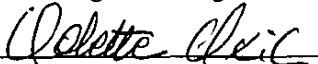
Odette Oxil  
6103 Beachmont Blvd  
Orlando, FL 32808

\*\*\*\*\*  
*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

07/26/2007

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

07/26/2007

\_\_\_\_\_  
Date

FILED  
07 JUL 30 PM 4: 05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA