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1/31/07

COVER LETTER

FILED

07 JUL 30 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: ABSOLUTE PROFESSIONAL CARE SERVICES 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  
2

ADDITIONAL COPY REQUIRED

*please send me 2 copies Certified Copy & Certificate of Status. Thank you Dora.*

FROM: DORA DOMINO

Name (Printed or typed)

911 BOLENDER DRIVE

Address

DELRAY BEACH, FLORIDA 33483

City, State & Zip

561-809-3011

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:

ABSOLUTE PROFESSIONAL CARE SERVICES INC.

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## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

911 BOLENDER DRIVE DELRAY BEACH, FLORIDA 33483

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOMEMAKER, COMPANION SERVICES, NURSING SERVICES

## ARTICLE IV SHARES

The number of shares of stock is:

ONE SHARE

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

DORA DOMINO 911 BOLENDER DRIVE DELRAY BEACH, FLORIDA 33483 PRESIDENT

## ARTICLE VI REGISTERED AGENT

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

DORA DOMINO 911 BOLENDER DRIVE DELRAY BEACH, FLORIDA 33483

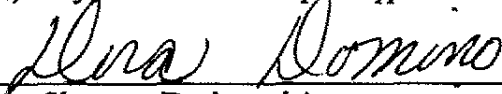
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DORA DOMINO 911 BOLENDER DRIVE DELRAY BEACH, FLORIDA 33483

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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

7/23/2007

Date



Signature/Incorporator

7/23/2007

Date