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## TRANSMITTAL LETTER

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

SUBJECT:	ORI'S HOMECARE TO PROPOSED CORPORA	<u>c.</u>		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed is an origin	al and one(1) copy of the artic	les of incorporation and a	check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Lory S. THIES  Name (Printed or typed)				
715 S. E. 13 TH ST.  617 W. E. 9 TH AVENUE - # 2 WEST  Address				
	<u>fort Laupenpale</u> City,	533/6.202 FLon.10A 33304 State & Zip	٠ <del>٢</del>	
	<u>(タイケ) グンタ・フフフ/</u> Daytime T	'elephone number	<del></del>	

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) <u>ARTICLE I NAME</u> The name of the corporation shall be: LORI'S HOMECARE, JUC ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 617 W. E. 9 TH AVENUE 715 S. F. 13 TH ST. # LINEST #C FORT LAUDERIDALE, FLORIDA Liston <u>ARTICLE III PURPOSE</u> The purpose for which the corporation is organized is: HUMELARE ARTICLE IV SHARES The number of shares of stock is: 500 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): LORI S THIES PRESIDENT GITWE, & PHAVENUE 7/5 S.E. 13 THUT. FORT LAUDENDALE, FLORIDA 33804 33316.2024 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: LUMI S. THIRS 617 WE- 9 TH AVENUE 715 S.F. 13 TH ST. FORT LAUDENBALF, FLORIDA 33304333816.2024 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: GIT W. E. STE AVENUE THU S. E. 13 THST. . #C #2 west . FORT LAUDERDALE, FLORIDA 3336.2024 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