P08000014098

| (Requestor's Name) |
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| |
| (Address) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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02/06/08--01019--008 **87.50

SECRETARY OF SIALL SECRETARY OF CORPORATIONS DIVISION OF CORPORATIONS

CP 2/7/08

COVER LETTER

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

\$70.00

Filing Fee

\$78.75

Filing Fee

& Certificate of Status

SUBJECT: We DO It ALL Service Swith Quality Care, INC
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

\$78.75

Filing Fee

& Certified Copy

\$87.50

Status

ADDITIONAL COPY REQUIRED

Filing Fee,

Certified Copy & Certificate of

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

| FROM: | Kelly E St- Fleur | |
|-------|--------------------------|----|
| | Name (Printed or typed) | |
| | 14901 NE 7C+ | |
| | Address | |
| | MEA, FL 33161 | |
| | City, State & Zip | |
| | 305-986-8826+305.948-048 | 37 |
| | Daytime Telephone number | |

NOTE: Please provide the original and one copy of the articles.

ARTICLE I NAME The name of the corporation shall be: We do I + all Service's with Quality Care, INC ARTICLE I PRINCIPAL OFFICE The principal place of business/mailing address is: 14901 Ne 7 C+ MIA, FL 3316 ARTICLE III PURPOSE The purpose for which the corporation is organized is: PROVIDEING CARL FOR the Eldly of Persons with Disabilities with Learning and working in a Aspects of ARTICLE IV SHARES Everyday Life. ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):

Kelly EST-HEUR - owner 14901 Ne 7C+ MIA, FL 3316/

| • | |
|---|---|
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: LUBEN ST HLUR 14901 NE 7 CT MIN FL 33161 | , |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Kelly St Hell MIN, FL 33161 | |
| Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, nam familiar with and accept the appointment as registered agent and agree to act in this capacity Signature Registered Agent Signature Incorporator Date Date | 5 |
| OBFEB -6 PM 3: 35 | |