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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Florida Care Givers Association 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: Mitchel L. Young
Name (Printed or typed)

9900 West Sample Road, Suite 300
Address

Coral Springs, FL 33065
City, State & Zip

954-309-8132
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)

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Florida Care Givers Association Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
9900 West Sample Road, Suite 300, Coral Springs, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Living assistance services and any other lawful purpose

ARTICLE IV SHARES

The number of shares of stock is:

1000 @ $1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Mitchel Young
9900 West Sample Road, Suite 300,
Coral Springs, FL 33065
President and treasurer

Harriet Young
9900 West Sample Road, Suite 300
Coral Springs, FL 33065
Vice President and Secretary

ARTICLE VI REGISTERED AGENT

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

CSR Law Cory S. Robins, ESQ.
Law Office of Cory S. Robins, PA.
5876 Sheridan Street
Hollywood, FL 33021
954 983-0144

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Michele Young Ste 300
9960 W Sample Rd
Coral Springs, FL 33065

****

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

Cory S. Robins, ESQ — 3-7-08
Signature/Registered Agent — Date

[signature] — 3-7-08
Signature/Incorporator — Date

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08 MAR 12 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA