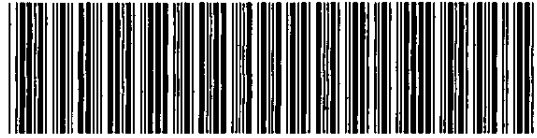


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09/10/08--01026--011 **87.50

(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:

(Handwritten signature)

Office Use Only

(Handwritten signature and date 9/19)

FILED
08 SEP 19 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Beverly K. Enzor Enterprises, Inc. P.A.
(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: Beverly K. Enzor
Name (Printed or typed)

4091 East Sunflower Circle
Address

LaBelle, Florida 33935
City, State & Zip

Cell 863-843-0373 Home 863-674-9073
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2008

BEVERLY K. ENZOR
4091 EAST SUNFLOWER CIRCLE
LABELLE, FL 33935

SUBJECT: BEVERLY K. ENZOR ENTERPRISES, INC. P.A.
Ref. Number: W08000042281

We have received your document for BEVERLY K. ENZOR ENTERPRISES, INC. P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Can only use one suffix. If this is a P.A. remove the INC. If this is a INC remove the P.A. — O.K.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned. — O.K.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 508A00049719

RECEIVED
09 SEP 19 AM 04 00
DIVISION OF CORPORATIONS

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: *Beverly K. Enzor Enterprises, P.A.*

(Corporation Type "S")

FILED
08 SEP 19 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

*4091 East Sunflower Circle
LaBelle, Florida 33935*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Profession Services related to home health care.

ARTICLE IV SHARES

The number of shares of stock is:

Authorizing 7,500 - Issuing 500, December 31 Corp. Year end

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Beverly K. Enzor - President/Secretary/Treasurer/Director
4091 E. Sunflower Circle LaBelle, FL. 33935
Robert D. Enzor - Vice President/Director
4091 E. Sunflower Circle LaBelle, FL. 33935*

ARTICLE VI REGISTERED AGENT

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

*Wesley Voorhees
1292 Nobles Rd.
LaBelle, FL 33935*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: *Beverly K. Enzor*

*Beverly K. Enzor
4091 E. Sunflower Circle
LaBelle, FL. 33935*

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

Wesley Voorhees

Signature/Registered Agent

9/2/08

Date

Beverly K. Enzor

Signature/Incorporator

9/2/08

Date