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| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
| (100.000)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (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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2009 SEP 28 P 5: 06 SECRETARY OF STATE FALLAHASSEE, FLORIDA

FILED

2-22-02

## COVER LETTER

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

| SUBJECT: <u>R</u> e  | onnies Elder Corpora                         | ATE SEYVICES                          | INC.   |
|----------------------|--|---------------------------------------|--|
|                      | (PROPOSED CORPORA                            | TE NAME <u>MUST INCL</u>              | UDE SUFFIX)  |
| Enclosed are an orig | inal and one (1) copy of the arti            | cles 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 REQUIRE               |  |
|                      | Ronald Bever<br>Name                         |                                       |  |
| <del></del>          | KISSIMME City,                               | 2 7-L. 347;<br>State & Zip            | 58   |
|                      | 1-863-353-77<br>Daytime T                    | වරි<br>elephone number                |  |
|                      | RD Beverley @<br>E-mail address: (tobe used  | Hot mail. Com.                        | notification)  |

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

| ARTICLE I NAME  The name of the corporation shall be:    Name   Services Inc.  |
|--|
| The compliance with Chapter 607 and/or Chapter 621, F.S. (F1011)   |
| ARTICLE I NAME  The name of the comparation shall be:  |
| The name of the corporation shall be:  |
| Ronnie's Eldercare services Inc. "ASSERORS" OB   |
| ARTICLE II PRINCIPAL OFFICE  |
| The principal street address and mailing address, if different is:   |
| 313 medina court Icissimmee 7L. 34758  |
| ARTICLE III PURPOSE  |
| The purpose for which the corporation is organized is:   |
| To Provide care for the elderly  |
| ARTICLE IV SHARES  |
| The number of shares of stock is: 2000.  |
| Two hundred Shares   |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  List name(s), address(es) and specific title(s):  |
| List name(s), address(es) and specific title(s): Norma Beverley/ Ronal & Beverley 313 medina court                                       |
|  |
| ARTICLE VI REGISTERED AGENT  |
| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  |
| Ronald Beverley  |
| 313 medina Court Kissimmee Florida 34758   |
| ARTICLE VII INCORPORATOR   |
| The <u>name and address</u> of the Incorporator is:  |
| Ronald Beverley/Mma Beverley.  |
| 313 medina court kissimmee 7L. 34758   |
| **************************************   |
| place designated in this certificate, I am familiar with and accept the appointment as registered agent an agree to act in this capacity |
| Fill Que la Sana Que le la colonia   |
| Signature/Registered Agent Date  |
| Konald Beverley Norma Beverley 9/14/09   |
| Signature/Incorporator Vate  |
| · /  |