

Division

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CAPITAL CONNECTION

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Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

LCK Concierge Caregivers, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

EP 11/16/09

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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: LCK Concierge Caregivers, Inc.

ARTICLE II PRINCIPAL OFFICEThe principal street address and mailing address, if different is:10407 Stonebridge Blvd
Boca Raton, FL 33498**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Elderly Companion
Business

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Susan Kushlin, President
10407 Stonebridge Blvd
Boca Raton, FL 33498**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Susan Kushlin
10407 Stonebridge Blvd
Boca Raton, FL 33498**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Susan Kushlin
10407 Stonebridge Blvd
Boca Raton, FL 33498

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

11/13/09

Date

Signature/Incorporator

11/13/09

Date