

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

****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
CHARLOTTE FAMILY CARE CENTER CO.

Certificate of Status	0
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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68-00-11

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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:

CHARLOTTE FAMILY CARE CENTER CO.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3417 TAMIAMI TRAIL

PORT CHARLOTTE, FLORIDA 33952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT

DANY EDOUARD

3417 TAMIAMI TRAIL

PORT CHARLOTTE, FLORIDA 33952

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

DANY EDOUARD
9201 AEGEAN CIRCLE
LEHIGH ACRES, FLORIDA 33936

ARTICLE VII INCORPORATOR

The name and street address of the Incorporator is:

DANY EDOUARD
9201 AEGEAN CIRCLE
LEHIGH ACRES, FLORIDA 33936

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.


DANY EDOUARD / Registered Agent

11-24-09
Date


DANY EDOUARD / Incorporator

11-24-09
Date

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