

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

****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
CHRISTIAN COMPASSION CARE, INC.**

Certificate of Status	0
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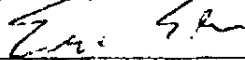
11 MAR -8 AM 11:47

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**ARTICLE I NAME** Christian Compassion Care, Inc.
The name of the corporation shall be:**ARTICLE II PRINCIPAL OFFICE**Principal street address
2631 S.E. 14th Street
Pompano Beach, FL 33062Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is:
All lawful purposes.**ARTICLE IV SHARES**

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Edgar Elie - Pres., Director Name and Title: _____
Address: 2631 S.E. 14th Street Address: _____
Pompano Beach, FL 33062 _____Name and Title: Pauline Gowdy Bent, VP Name and Title: _____
Address: 1401 S. State Road 7 Address: _____
Suite B2b _____
North Lauderdale, FL 33062 _____Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

_____**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Edgar Elie
Address: 2631 S.E. 14th Street
Pompano Beach, FL 33062**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Edgar Elie
Address: 2631 S.E. 14th Street
Pompano Beach, FL 33062*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**x* 
Required Signature/Registered Agent3/4/2011
Date*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.**x* 
Required Signature/Incorporator3/4/2011
Date