

P 1100022846

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
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DIVISION OF CORPORATIONS

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
Certified Copy	0
Page Count	02
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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:

RECORDS DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE
Principal street address
2631 S.E. 14th Street
Pompano Beach, FL 33062

Mailing 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 DIRECTORS

Name 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 Edgar Elie
Required Signature/Registered Agent

3/4/2011
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 Edgar Elie
Required Signature/Incorporator

3/4/2011
Date