

P11000040096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

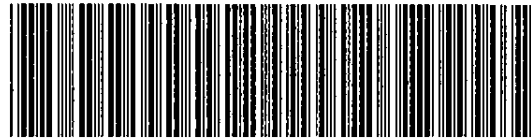
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/25/11--01039--001 \*\*78.75

FILED

2011 APR 25 PM 4: 51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 26 2011

DONNA E. SMITH  
6715 ALISO AVENUE  
WEST PALM BEACH, FL 33413

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APRIL 18, 2011

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

Dear Sir or Madam:

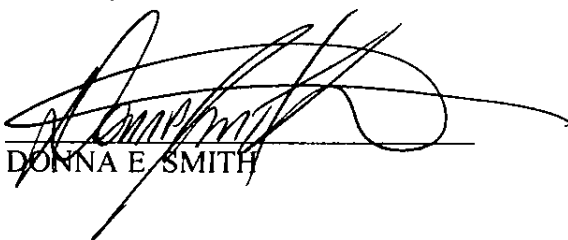
**RE: PROCARE HOME CARE, INC.**

In regards to the above-captioned Corporation, please find enclosed the following documents:

1. Articles of Incorporation
2. Check in the amount of Seventy-Eight Dollars and Seventy-five Cents (\$78.75) made payable to Florida Dept. of State.

Please proceed accordingly. Thank you.

Sincerely,



DONNA E. SMITH

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# **ARTICLES OF INCORPORATION**

**OF**

**PROCARE HOME CARE, INC.**

The undersigned subscriber to these Articles of Incorporation is a natural person competent to contract hereby form a corporation under the laws of the State of Florida.

**ARTICLE I.**

**NAME**

The name of the Corporation shall be

**PROCARE HOME CARE, INC.**

The principal place of business of this corporation shall be **6715 ALISO AVENUE,  
WEST PALM BEACH, FLORIDA 33413**

**ARTICLE II.**

**NATURE OF BUSINESS**

This corporation may engage or transact in any or all lawful, business or activities as permitted under the laws of the United States, State of Florida or any other State.

**ARTICLE III.**

**CAPITAL STOCK**

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is **100 shares** of common stock having **\$1 par** value per share.

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#### **ARTICLE IV.**

##### **ADDRESS**

The street address of the initial registered office of the corporation shall be:

**6715 ALISO AVENUE, WEST PALM BEACH, FLORIDA 33413**, and the name of the registered agent is **H & C PROFESSIONAL SERVICES, INC.**

#### **ARTICLE V.**

##### **TERM OF EXISTENCE**

This corporation shall exist perpetually. Every shareholder upon the sale for cash of any new stock of this corporation of the same kind, class, or series as that which he already holds, shall have the right to purchase his pro rata share thereof at the price at which it is offered to others.

## **ARTICLE VI.**

### **DIRECTORS**

The names and post address of the members of the first Board of Directors; these said people are the subscribers of these Articles of Incorporation:

<b>Name</b>	<b>Post Office Address</b>
<b>DONNA E. SMITH</b>	<b>6715 ALISO AVENUE WEST PALM BEACH, FL 33413</b>

## **ARTICLE VII.**

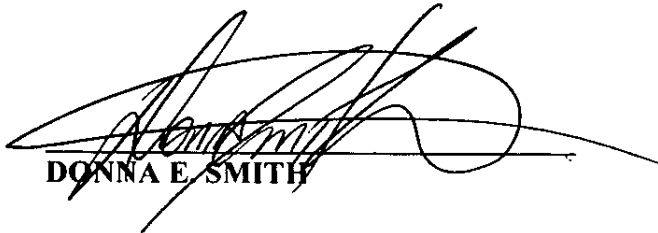
The name and post office address of each subscriber to these Articles of Incorporation, the number of shares of stock each agrees to take and the value of the consideration thereof, the proceeds of which amount to:

<b>NAME</b>	<b>ADDRESS</b>	<b>NO. OF SHARES</b>	<b>VALUE</b>
<b>DONNA E. SMITH</b>	<b>6715 ALISO AVENUE WEST PALM BEACH, FLORIDA 33413</b>	<b>100</b>	<b>\$100</b>

**IN WITNESS WHEREOF**, I/We , the undersigned, being the original subscribers to the capital stock herein above named, for the purpose of forming a corporation to do business in the State of Florida, do make and file these Articles of Incorporation, hereby declaring and certifying that the facts herein stated are true, and do respectively agree to take the number of shares, herein above set forth, and hereunto set our hands seals this **20<sup>TH</sup> day of APRIL, 2011**

**SIGNED, SEALED AND DELIVERED**

**In the presence of:**

  
**DONNA E. SMITH**

**STATE OF FLORIDA     )**

**COUNTY OF BROWARD )**

**BEFORE ME**, the undersigned authority, an officer duly authorized to administer oaths and take acknowledgements **DONNA E. SMITH**, who personally appeared to me, well known to be the person(s) who executed the foregoing Articles of Incorporation, and they executed the same freely and voluntarily for the purposes therein expressed.

**WITNESS** my hand and official seal this **20<sup>TH</sup>** day of **APRIL, 2011**, at Fort Lauderdale, Broward County.

  
**NOTARY PUBLIC, State of Florida**

**My Commission Expires:**

NOTARY PUBLIC-STATE OF FLORIDA  
Howard Daniels  
Commission # EE003641  
Expires: JUNE 23, 2014  
BONDED THRU ATLANTIC BONDING CO, INC.



**H&C PROFESSIONAL SERVICES, INC., LOCATED AT 4699 N. STATE ROAD  
7, SUITE U, TAMARAC, FLORIDA 33319**

**HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR  
THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN  
THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I  
FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUTES  
RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY  
DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION  
607.325 FLORIDA STATUTES.**

**SIGNATURE:**

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke, positioned over a horizontal line.

**DATE:**

4/26/11

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**2011 APR 25 PM 4:51**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**