

# P11000084673

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000233851 3)))



H11000233851 3ADCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

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

Email Address: tammuray81@hotmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
Companion Care, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

RECEIVED  
14 SEP 26 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2011 SEP 26 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch SEP 27 2011

H11000233851

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

**Companion Care, Inc.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

705 East Oak Street, Suite F  
Kissimmee, FL 34744

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Tammy Ray  
1119 Brack Street  
Kissimmee, FL 34744

**Prepared By:**

Bruce B. Hubbard  
77 East John St.  
Hicksville, New York 11801  
1-516-935-3940

H11000233851

FILED  
2011 SEP 26 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H11000233851

**ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)**

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

**Tammy Ray - President/Director  
1119 Brack Street, Kissimmee, FL 34744**


**ARTICLES VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**Tammy Ray  
1119 Brack Street, Kissimmee, FL 34744**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20th day of September 2011

  
Tammy Ray - Signature

H11000233851

H11000233851

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE ST ATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE  
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

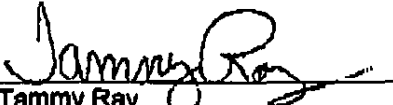
1. The name of the corporation is: Companion Care, Inc.

2. The name and address of the registered agent and office is:

Tammy Ray  
Name  
1119 Brack Street  
(P.O. Box or Mail Drop Box NOT Acceptable)  
Kissimmee, FL 34744  
(City / State / Zip)

FILED  
2011 SEP 26 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*

  
Tammy Ray  
SIGNATURE

09/20/2011  
(Date)

H11000233851