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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Valle		Care, In	
(PROP	OSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 \$78.75 Filing Fee & Certifica	te of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: Rafge	l O ₁	Valle (Printed or typed)	
1002 2	18th 6	S+ E	
Brade	7 ton City,	(-L 3412 State & Zip	208
941	- 8/2 - Daytime Te	9649 elephone number	
Uriof E-mail	a 9941 20 9 address: (to be used	mail. Com I for future annual report i	notification)

NOTE: Please provide the original and one copy of the articles.

'	ARTICLES In compliance with Chapte			. (Profit)	Elm Burn
•	L OFFICE val street address	Lawr	<u>Care</u>	1, F.S. (Profit) OC. ING. APR 24 Mailing address, if different is: 712: 29	
Bradenton, F					
ARTICLE III PURPOSE The purpose for which the corp DUSINESS	oration is organized is:	- Anv	And	911	Lawrel
_	officers and/or di ge la Vaile (r	,			
Name and Title:	adenton, FL				
		<u> </u>	_		

Name and Title:	Name and Title:	-
Address	Address:	-
		-
		_
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT acce	eptable) of the registered agent is:	
Name: Rar-gela Valle		
Address: 1002 28th 8t	· E_	
Bradenton, FL 3		
,		
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
Name: Rafaela valle		
Address: 1002 28th	SIE	
Address: 1002 28th Bradenton, F-L	- 34208	
Having been named as registered agent to accept service of	of process for the above stated corporation at the place designated	in
this certificate, I am familiar with and accept the appointm	nent as registered agent and agree to act in this capacity	
RAPHELA VAL	4-21-14	
Required Signature/Registered A		
I submit this document and affirm that the facts stated h document to the Department of State constitutes a third dep	erein are true. I am aware that the false information submitted in gree felony as provided for in s.817.155, F.S.	a
REAPPLIE VALLE Required Signature/Incorporation	/1 21 5	J
Required Signature/Incorporation	tor Date	