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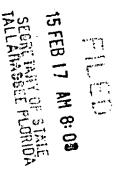
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COVER LETTER

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

_{SUBJECT:} Nav	a's Professional	Caregiver Inc	D .
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	JDE SUFFIX)
Enclosed are an original	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: No	eva Butler		
	Name	(Printed or typed)	
93	3260 Circle Dr.		
		Address	· · · · · · · · · · · · · · · · · · ·
Pi	nellas Park, Fl. 3		
	City,	State & Zip	
72	27-280-3238		

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

Daytime Telephone number

radiokid0@yahoo.com

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

e name of the corpo	RINCIPAL OFFICE	* ************************************	ldanon if different in	
3260 Circ	Principal <u>street</u> address	Mailing ad	Mailing address, if different is:	
			7	
inelias Pa	ark, Fl. 33782			
TICLE III PU	RPOSE the corporation is organized is:	care of the elderly	in their own homes	
purpose for which	h the corporation is organized is:			
			 	
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TICLE IV SF	HARES 100			
TICLE IV SE	HARES of stock is:			
TICLE V IN	ITIAL OFFICERS AND/OR DIRECTO	·RS		
TICLE V IN	ITIAL OFFICERS AND/OR DIRECTO			
TICLE V IN	ntial officers and/or directo	Name and Title:	15 SE	
TICLE V IN	ntial officers and/or director tle: Neva Butler 93260 Circle. Dr.		55 A	
TICLE V IN	ntial officers and/or directo	Name and Title:		
TICLE V IN	ntial officers and/or director tle: Neva Butler 93260 Circle. Dr.	Name and Title:	55 A	
TICLE V IN	ntial officers and/or director tle: Neva Butler 93260 Circle. Dr.	Name and Title:	FEB 17 AM	
Name and Ti	ntial officers and/or director tle: Neva Butler 93260 Circle. Dr.	Name and Title: Address:	FEB 17 AM 8	
Name and Ti Address Name and Tit	Neva Butler 93260 Circle. Dr. Pinellas Park, FL. 33782	Name and Title: Address: Name and Title:	FEB 17 AM 8: 03	
Name and Ti	Neva Butler 93260 Circle. Dr. Pinellas Park, FL. 33782	Name and Title: Address: Name and Title:	FEB 17 AM 8	
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Name and Ti Address Name and Tit	Neva Butler 93260 Circle. Dr. Pinellas Park, FL. 33782	Name and Title: Address: Name and Title: Address:	FEB 17 AM 8: DS ANGEL PLONIDA	
Name and Ti Address Name and Tit	Pinellas Park, FL. 33782	Name and Title: Address: Name and Title: Address:	FEB 17 AM 8: DS ANGEL PLONIDA	
Name and Ti Address Name and Titl Address	Pinellas Park, FL. 33782	Name and Title: Address: Name and Title: Address: Address:	FEB 17 AM 8: DS LAMINSSEE FLORIDA	
Name and Ti Address Name and Titl Address	Neva Butler 93260 Circle. Dr. Pinellas Park, FL. 33782	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	FEB 17 AM 8: DS LAMINSSEE FLORIDA	

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Neva Butler Address: 93260 Circle Dr. Pinellas Park, Fl. 33782 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Neva Butler Address: 93260 Circle Dr. Pinellas Park, Fl. 33782 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 Required Signature/Registered Agent 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 x817.155, F.S.	Name and	i Title:	Name and Title:			
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Neva Butler 93260 Circle Dr. Pinellas Park, Fl. 33782 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Name: Neva Butler 93260 Circle Dr. Pinellas Park, Fl. 33782 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 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a	Address		Address:	· · · · · · · · · · · · · · · · · · ·		
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Name: Address: Neva Butler 93260 Circle Dr.	ARTICLE VII	INCORPORATOR		LLAMAS	FEB 1	Sharen F Î
Name: Address: Neva Butler 93260 Circle Dr.	The name and ad	dress of the Incorporator is:		## ## ##	7	i Frit
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I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a	I verat	Suffer	<i>i</i> 3-	12-1	5	
	'/	Required Signature/Registered Agent		Date		
Vilonia Bulles				ation sub	mitted	in a
Required Signature/Incorporator Date	Ypera	Butter Required Signatura/Incorporation	<u>2</u> -	- 1 3 -1	15	_