P15000035510

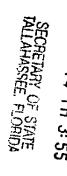
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

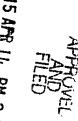




900271730479

04/14/15--01023--003 **78.75







COVER LETTER

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

SUBJECT: Continuum of Care Adult Day Health & In-Home Services, Inc					
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	JDE SUFFIX)		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
\$70.00 Filling Fee	■ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM: Vrajesh Shah Name (Printed or typed) 12626 Tropic Drive East					
Address					
Jacksonville, FL 32225					
City, State & Zip					
904-631-6670 Daytime Telephone number					
Daytime Telephone number					
brucewmmi@gmail.com					
E-mail address: (to be used for future annual report notification)					

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

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

ARTICLE I NAM The name of the corporat	E Continuum of Ca	are Adult Day I	Health & Rehab, Inc.
ARTICLE II PRINCIPAL OFFICE Principal street address 12626 Tropic Drive East			Mailing address, if different is:
Jacksonville, I	FL 32225		
ARTICLE III PUR The purpose for which the companion ca	POSE he corporation is organized is: To p re.	rovide adult o	lay and in-home
	TIAL OFFICERS AND/OR DIREC		SECRETARY OF STATE ALL AHASSEE. FLORIDA
Name and Title	Vrajesh Shah, President 12626 Tropic Drive Earlands Jacksonville, FL 3222	Address:	Smita Shah, Vice-President 12626 Tropic Drive East Jacksonville, FL 32225
Name and Title: Address	Raj Shah (Otticer 12626 Tropic DR to Jackeonville F132	Address:	
Name and Title:			:



15 APR 14 PM 3:55

Name an	d Title:	Name and Title:	SECRETARY OF STATE
Address		Address: _	SECRETARY OF STATE TALLAHASSEE, FLORIDA
		. <u> </u>	
ARTICLE VI	REGISTERED AGENT		
The name and F	lorida street address (P.O. Box NOT acceptable) of	the registered agent	t is:
Name:	Vrajesh Shah		
Address:	12626 Tropic Drive East	_	
	Jacksonville, FL 32225	-	
ARTICLE VII	INCORPORATOR		
The name and ac	Idress of the Incorporator is:		
Name:	Vrajesh Shah		
Address:	12626 Tropic Drive East		
	Jacksonville, FL 32225		
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg		
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon		
Vijest	Required Signature/Incorporator		4/2/15 Date