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COVER LETTER

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

SUBJECT: FLORIDA ELDERCARE & CAREGIVER RELIEF SERVICES, INC.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: JOSIE WEST

Name (Printed or typed)

934 COCHRAN DRIVE

Address

TALLAHASSEE, FL 32301

City, State & Zip

850-559 -5992

Daytime Telephone number

JOSIEWEST@COMCAST.NET

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 NAME

FLORIDA ELDERCARE & CAREGIVER RELIEF SERVICES, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

934 COCHRAN DRIVE

TALLAHASSEE, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS WITHIN THE STATE OF FLORIDA AND SURROUNDING AREA.

ARTICLE IV SHARES

The number of shares of stock is: 1 SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSIE WEST CEO

Name and Title: _____

Address 934 COCHRAN DRIVE

Address: _____

TALLAHASSEE, FL 32301

Name and Title: PERRY WEST SR., VP

Name and Title: _____

Address 934 COCHRAN DRIVE

Address: _____

TALLAHASSEE, FL 32301

Name and Title: LUCRESSIE MCGRUFF, FINANCIAL SEC

Name and Title: _____

Address 12907 CLOVERDALE LANE

Address: _____

CLERMONT, FL 34711

SEP 15 1991
TALLAHASSEE, FLORIDA

15 SEP 15 PM 12:13

ARTICLE V
INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: JOSIE WEST
Address: 934 COCHRAN DRIVE
TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JOSIE WEST
Address: 934 COCHRAN DRIVE
TALLAHASSEE, FL 32301

SEP 15 2015
TALLAHASSEE, FL 32301

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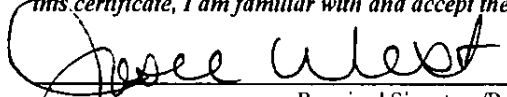
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

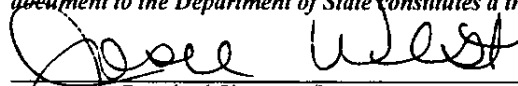


Required Signature/Registered Agent

09/15/2015

Date

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 s.817.155, F.S.



Required Signature/Incorporator

09/15/2015

Date