

**Electronic Articles of Incorporation  
For**

P18000010871  
FILED  
January 25, 2018  
Sec. Of State  
kepage

CARE GIVERS AND MORE INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

**Article I**

The name of the corporation is:

CARE GIVERS AND MORE INC.

**Article II**

The principal place of business address:

455 DOUGLAS AVENUE SUITE 1465  
SUITE # 1465  
ALTAMONTE SPRINGS, FL. 32714

The mailing address of the corporation is:

455 DOUGLAS AVENUE SUITE 1465  
SUITE # 1465  
ALTAMONTE SPRINGS, FL. 32714

**Article III**

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The number of shares the corporation is authorized to issue is:

1

**Article V**

The name and Florida street address of the registered agent is:

ROSE H HOSTETLER  
455 DOUGLASAVE SUITE 1465  
1465  
ALTAMONTE SPRINGS FLORIDA, FL. 32714

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: ROSE H. HOSTETLER

## **Article VI**

The name and address of the incorporator is:

ROSE H.HOSTETLER  
455 DOUGLAS AVENUE  
SUITE 1465  
ALTAMONTE SPRINGS FLORIDA 32714

Electronic Signature of Incorporator: ROSE H. HOSWTETLER

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: PRES  
ROSE H HOSTETLER  
455 DOUGLAS AVENUE SUITE 1465  
ALTAMONTE SPRINGS, FL. 32714

Title: P  
ROSE H HOSTETLER  
455 DOUGLAS AVENUE SUITE 1465  
ALTAMONTE SPRINGS, FL. 32714

We put the Care back into Caregiving

455 Douglas Avenues Suite 1465  
Altamonte Springs, Florida 32714  
ACHA # 30211595 / Medicaid ID # 008113300  
NPI#16677391

Making hard times easier

Rose Hostetler- Owner  
407-767-0429 (Phone) / 321-316-4050 Alternate  
407-260-0428 (Fax)  
Email: caregiversandmore@hotmail.com  
January 30, 2018

Dear Keyna Page;

This letter is to state that I as owner and President of Care Givers and More, Inc have no intension of re-instating the company that was dissolved.

Respectably Yours  
Rose Hostetler

*Rose Hostetler*

State of Florida  
County of Seminole

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 FEB -2 PM 12:43

FILED

*I do state that this document was signed*

*by Rose Hostetler on the 30th of January 2018.*

*The person who signed it is personally known by me so no  
id was necessary.*

*Jennifer S. Bjorkman*

Notary Public



JENNIFER S. BJORKMAN  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# FF180713  
Expires 10/19/2018