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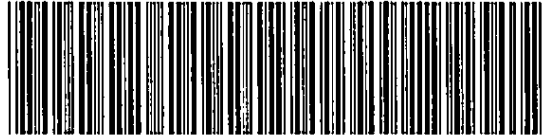
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COVER LETTER

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

SUBJECT: A.D. PARCHMENT HEALTH CARE 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: CLIFTON H. RODRIQUEZ, CPA

Name (Printed or typed)

3146 NW 68th STREET

Address

FORT LAUDERDALE, FLORIDA 33309-1206

City, State & Zip

(954)557-9038

Daytime Telephone number

crodz13@gmail.com/hughmongous54@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

For

A.D. Parchment Health Care Services, Inc.

The undersigned subscribers(s) for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

Article I-Name of the Corporation

The name of the corporation shall be:

A.D. Parchment Health Care Services, Inc.

Article II-Nature or Purpose of the Business

The purpose of the corporation is to engage in any lawful activity permitted by the laws of this state. The corporation will provide health care and residential assistance services to the general public in the Tri-County area, the State of Florida, the United States, the Caribbean and the world. The corporation will comply with any professional regulations imposed by state agencies within the State of Florida as well. This corporation will function as a separate corporation from any other corporations with common ownership.

Article III-Principal Office

The principal business mailing address of this corporation shall be:

8211 SW 13th Street
North Lauderdale, Florida 33068

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Article IV-Number of Shares Authorized

The number of common shares of stock that this corporation is authorized to have outstanding at any one time is:

One Thousand (1000)

(The par value of the corporation common stock will be \$1.00) Alecia Joseph and Glenmore Parchment, shall own 50% of the outstanding shares of the corporation.

ARTICLES OF INCORPORATION

For

A.D. Parchment Health Care Services, Inc.

Article V-Initial Registered Agent

The name and address of the initial registered agent is:

Alecia Joseph
8211 Sw 13th Street
North Lauderdale, Florida 33068

Article VI-Subscriber (s)

Alecia Joseph
8211 SW 13th Street
North Lauderdale, Florida 33068

The undersigned incorporator(s) has executed these Articles of Incorporation this
15th day of February, 2018

Alecia Joseph
(Signature)

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Article VI: Perpetual Life of the Corporation

The corporation shall exist perpetually, or until such time that the Board of Directors and/or shareholder(s) decide to dissolve the corporation.

Article VII-Appointment of Officers & Directors

The subscriber(s) of this corporation has appointed the following officers and directors of the corporations. These officers and directors will serve in accordance with the bylaws of the corporation:

<u>Name</u>	<u>Address</u>	<u>Title</u>
1. Alecia Joseph	8211 SW 13th Street North Lauderdale, Florida 33068	President/CEO/Director

ARTICLES OF INCORPORATION

For

A.D. Parchment Health Care Services, Inc.

Article VII-Appointment of the Officers & Directors

- | | | |
|-----------------------|--|-------------------|
| 2. Glenmore Parchment | 8211 SW 13th Street
North Lauderdale, Florida 33068 | Exec. VP/Director |
| 3. Alecia Joseph | 8211 SW 13th Street
North Lauderdale, Florida 33068 | Chairman/Board |

**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **A.D. Parchment Health Care Services, Inc.**

2. The name and address of the registered agent and office are as follows:

Alecia Joseph
8211 SW 13th Street
North Lauderdale, Florida 33068

Having been named as registered agent and to accept service for the above stated corporation at the place designated in this Certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Alecia Joseph
(Signature)

(Date)

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