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(Re	equestor's Name)			
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(Ci	ty/State/Zip/Phone	e #)		
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COVER LETTER

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

_{subject:} Plan & Care, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication \$ 50.00 Articles of Incorporation and Certified Copy \$ 78.75 Total to domesticate and file \$128.75

OPTIONAL:

Mary Ann DeKing
Name (printed or typed)

3677 Divot Lane
Address

Sarasota, FL 34232
City, State & Zip

630-910-0095

Daytime Telephone Number

maryanndeking@planandcare.com

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

CERTIFICATE OF DOMESTICATION

Th	e undersigned, Mary Ann DeKing .	President				
	(Name)	(Title)				
of	Plan & Care, Inc.	a foreign corporation,				
in	(Corporation Name) accordance with s. 607.1801, Florida Statutes, does hereby	certify:				
ι.	The date on which corporation was first formed was May	y 7				
2.	The jurisdiction where the above named corporation was for came into being was 8623 Creekside Lane Da					
3.	The name of the corporation immediately prior to the filing of this Certificate of Domestication was Plan & Care, Inc.					
4.	The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Plan & Care, Inc.					
5.	The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was 3677 Divot Lane Sarasota, FL 34232					
6.	Attached are Florida articles of incorporation to complete to s. 607.1801.	the domestication requirements pursuant				
Ιa	m Mary Ann DeKing , of Plan & Care, Inc.					
	d am authorized to sign this Certificate of Domestication or this the 23 day of August	n behalf of the corporation and have done				
	(Authorized Signature	re)				
	Filing Fee: Certificate of Domestication Articles of Incorporation and Certified Total to domesticate and file	S 50.00 E E E E E E E E E E E E E E E E E E				

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I

NAME

THE NAME OF THE CORPORATION SHALL BE:		
Plan & Care, Inc.		
ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: Principal Address 3677 Divot Lane Sarasota, FL 34232	Mailing Address 3677 Divot Lane Sarasota, FL 34232	
ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZE Any and all lawful business.		
		TAIL SEP 28 A
		#

ARTICLE IV SHARES
THE NUMBER OF SHARES OF STOCK IS: 1000.00

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name	
Title/Name	
Title/Name	
	TI SCI
Title/Name	23 AH II: 68
	Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Mary Ann DeKing		
3677 Divot Lane		
Sarasota, FL 34232		

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Mary Ann DeKing

3677 Divot Lane

Sarasota, FL 34232

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Signature/Registered Agent

Signature/Incorporator

Date
