# 7960000916 FILED OF FEB +1 AM 91 10 CORE LARY OF STATE AMASSIE FOR STATE

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

SUBJECT: to establish a corporate identity for

800001396098 -02/02/95--01015--003 \*\*\*\*\*70.00 \*\*\*\*\*70.00

proposed corporate Name

Helpcare Agency, Incorporated

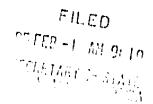
Enclosed is an original and one copy of the Articles of Incorporation, a designation of registered agent, and a check for \$70.00. Please return one copy of the Articles stamped with the filing date.

FEB 3 1995 BSB

FROM:

Dennis W Laga 5013 Sherry Lane New Port Richey, Fl. 34653

813 817 0115



### ARTICLES OF INCORPORATION OF

### Helpcare Agency, Incorporated

The undersigned incoorporator, for the purpose of forming a corporaton under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE 1: NAME

The name of the corporation shall be: Helpcare Agency, Incorporated

ARTICLE 2: PRINCIPAL PLACE OF BUSINESS

The principal place of business of this corporation shall be:

5013 Sherry Lane

New Port Richey, Florida

34653

### Article 3: SHARES

All stock issued by this corporation shall be common voting stock of a single class. The number of shares of stock that this corporation is authorized to have outstanding at any time is: 500.

Article 4: INITIAL REGISTERED AGENT AND REGISTERED OFFICE
The name of the initial registered agent is Dennis W Laga
whose registered office is located at the place of business stated in Article 2 above.

## ARTICLE 5: INCORPORATOR

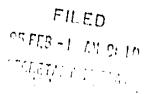
The name and street address of the incorporator to these Articles of Incorporation is:

Dennis W Laga
5013 Sherry Lane

New Port Richey, Fl. 34653

The undersigned incorporator has executed these Articles of Incorporation this 30th Day of January, 1995

3 Cu 5



# CERTIFICATE OF DESIGNATION OF REGISTERED

# AGENT/REGISTERED OFFICE

Pursuant to Florida law, the undersigned Corporation organized under the laws of the State of Florida submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation is: Eslpcare Agency, Incorporated
- 2. The name and address of the registered agent and office is:

Dennis W Laga 5013 Sherry Lane New Port Richey, Florida 34653

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 HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREF 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 OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

signature of Registered Agent

Date 1/30/95