

P95000017733

TRANSMITTAL LETTER

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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
JAN 11 1991

SUBJECT: ALTERNATIVE "PRIVATE" INVESTMENT COMPANY, Inc
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

1400 OF STATE
DIVISION OF CORPORATIONS
95 HAR - 2 PI 32

FROM:

Rocky L Burkhead

Name (printed or typed)

3550 NE LINDA DR

Address

Jensen Beach FL 34957

City, State & Zip

407-334-2718

Daytime Telephone number

3-3

NOTE: Please provide the original and one copy of the articles.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

95 MAR -2 PM 3:52

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ALTERNATIVE
"PRIVATE"
HOME HEALTH CARE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3550 NE LINDA DR MAILING PO Box 677
Jensen Beach, FL 34957 Jensen Beach, FL
34958-0677

ARTICLE III SHARES

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

1 SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Reckyl Burthard
3550 NE Linda Dr
Jensen Beach, FL
34957

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Rocky L. Buckhead
3550 NE Linda Dr
Jensen Beach FL 34957

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

FIRST day of MARCH, 1995.

Rocky L. Buckhead
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

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 STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: ALTERNATIVE
"PRIVATE"
HOME HEALTH CARE INC.

2. The name and address of the registered agent and office is:

ROCKY L. BURKHARD
(Name)

3550 N.E. LINDA DR.
(P.O. Box not acceptable)

JENSEN BEACH, FL. 34957
(City/State/Zip)

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 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 obligations of my position as registered agent.

Rocky L. Burkhard
(Signature)

03.01.95
(Date)