

P950000 31119

TRANSMITTAL LETTER

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

4000001455794
-04/13/95--01056--012
***122.50 ***122.50

SUBJECT: CREATIVE CARE 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

FILED
95 APR 13 PM 3:21
SEC. OF STATE
TALLAHASSEE, FLORIDA

FROM: ROBERT S. SOLMS
Name (printed or typed)

399 GREEN POND ROAD
Address

PALE CITY, FLORIDA 33848
City, State & Zip

813-984-9600
Daytime Telephone number

Robert
GAVE
AUTHORIZATION BY PHONE TO
CORRECT add # of shares
DATE 4/20
LOC. EXAM S. Taylor

1/21
4/20

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

ARTICLES OF INCORPORATION

FILED
55 APR 13 10 09:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: CREATIVE CARE INC.

ARTICLE II PRINCIPAL OFFICE

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

399 GREEN POND ROAD
PULK CITY, FLORIDA 33868

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ROBERT S. SOUTS
399 GREEN POND ROAD
PULK CITY, FLORIDA 33868

ARTICLE V INCORPORATOR(S)

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

ROBERT S SOLMS
399 GREEN BND ROAD
TOLU CITY, FLORIDA 33868

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

09 day of MARCH, 19 95.

Robert S. Solms
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: CREATIVE CARE INC.

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

ROBERT S. SOLMS
(Name)

399 GREEN POND ROAD
(P.O. Box not acceptable)

PALESTINE, FLORIDA 33868
(City/State/Zip)

FILED
95 APR 13 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Robert S. Solms
(Signature)

MARCH 9, 1995
(Date)