

PA5000036632

TRANSMITTAL LETTER

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

RECEIVED
04/20/95 01:06:00
100101.25 100101.25

SUBJECT: RAINBOW HEALTHCARE, 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

FROM:

PEGGY SPURLOCK
Name (printed or typed)

5274 ADAMS ROAD
Address

DELEAY BEACH FLA 33464
City, State & Zip

407-496-5344
Daytime Telephone number

~~405 9907~~

Dmc
5/9/95

~~619~~

FILED
95 MAY -9 PM 11:09
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 25, 1995

PEGGY SPURLOCK
5274 ADAMS ROAD
DELRAY BEACH, FL 33484

SUBJECT: RAINBOW HEALTHCARE, INC.
Ref. Number: W95000008850

We have received your document for RAINBOW HEALTHCARE, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6923.

Doris McDuffie
Corporate Specialist Supervisor

Letter Number: 695A00019550



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

May 5, 1995

PEGGY SPURLOCK
5274 ADAMS ROAD
DELRAY BEACH, FL 33484

SUBJECT: RAINBOW HEALTHCARE, INC.
Ref. Number: W95000008850

We have received your document for RAINBOW HEALTHCARE, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

To assist you in complete the above two requirements, I have attached the 2nd page that was missing from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6923.

Doris McDuffie
Corporate Specialist Supervisor

Letter Number: 695A00019550

FILED

95 MAY -9 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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:

RAINBOW HEALTHCARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

5274 ADAMS ROAD
DELRAY BEACH FLA 33484

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PEGGY SPURLOCK
5274 ADAMS ROAD
DELRAY BEACH FLA 33484

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

PEGGY SPURLOCK
5274 ADAMS ROAD
DELRAY BEACH, FLORIDA
33484

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

8 day of MAY, 19 95.

Peggy Spurlock
Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

FILED

25 MAY -9 PM 4:09

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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: RAINBOW HEALS ARE, INC

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

PEGGY SPURLOCK

(Name)

5274 ADAMS ROAD

(P.O. Box not acceptable)

DELRAY BEACH FLA 33484

(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.

Peggy Spurlock
(Signature)

4/19/95
(Date)