

P95000041409

TRANSMITTAL LETTER

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

SH0001498515
-05/26/95--01005--001
*****78.75 *****78.75

SUBJECT: Compassionate Caring Hands, 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

Additional Copy Required

FROM:

Kim L. Barkley
Name (printed or typed)

7405 Candlewood Ln.
Address

Tallahassee, FL 32312
City, State & Zip

(904) 668-8356
Daytime Telephone number

FILED
95 MAY 25 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/5/25

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

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:

Compassionate Caring Hands, Inc

ARTICLE II PRINCIPAL OFFICE

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

*7405 Candlewood Ln.
Tallahassee, FL 32312*

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95 MAY 25 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III SHARES

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

100
1

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Kim L. Barkley
7405 Candlewood Ln.
Tallahassee, FL 32312*

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):

Kim L. Barkley, President
7405 Candlewood Ln.
Tallahassee, FL 32312

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

25 day of May, 19 95.

Kim L. Barkley
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**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: Compassionate Caring Hands, Inc.
2. The name and address of the registered agent and office is:

Kim L Barkley
(NAME)

7405 Candlewood Ln
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tallahassee FL 32312
(CITY/STATE/ZIP)

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95 MAY 25 PM 4:13
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.

Kim L Barkley
(SIGNATURE)

5-25-95
(DATE)

895000041409

Requestor's Name
Address
City/State/Zip
Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Compassionate Caring Hands, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☒ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
95 DEC 18 PM 12:49
TALLAHASSEE, FL
SECRETARY OF STATE

W. HENDRICKS DEC 18 1995

Examiner's Initials

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

FILED

95 DEC 18 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Compassionate Caring Hands, Inc.
(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Article 1

Change name of corporation to:

Touch o P Sunshine, Inc.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: December 18, 1995

FOURTH: Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups.
The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____ voting group."

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this day 18 of December, 19 95.

Signature

Kim L. Barkley
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Kim L. BARKLEY
Typed or printed name

President
Title

Requestor's Name

Address

City/State/Zip

Phone #

*****35.00 *****35.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

{Corporation Name}

(Document #)

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

☐ Certificate of Status

REGISTRATION/ QUALIFICATION	
Foreign	P. Vaidya
Limited Partnership	
Reinstatement	
Trademark	
Other	

Examiner's Initials

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FILED
96 JUN 11 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation is: Touch of Sunshine, Inc.

SECOND: The articles of incorporation were filed on: 5/25/1995

THIRD: (CHECK ONE)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signed this 22 day of April, 19 96.

Signature

Kim L. Barkley
(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

Kim L. Barkley

(Typed or printed name)

President

(Title)

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Touch of Sunshine, Inc.

SECOND: The date dissolution was authorized: April 22, 1996

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

incorporator
(voting group)

Signed this 22nd day of April, 19 96.

Signature

Kim L. Barkley
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Kim L. Barkley
(Typed or printed name)

President
(Title)