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TRANSMITTAL LETTER

99 JUL 17 AM 9:13  
TALLAHASSEE, FLORIDA

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

SUBJECT: ALL HOME CARE, INC.

(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for  
\$ 122.50.

900001538809  
-07/17/95--01032--017  
\*\*\*\*122.50 \*\*\*\*122.50

FROM:

SHEILA F. HALPIN

Name (printed or typed)

502 Clubhouse Circle

Address

Jupiter, FL 33477

City, State, & Zip

407-743-3722

Telephone Number

7/18/95  
JA

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

# ARTICLES OF INCORPORATION OF

ALL HOME CARE, INC.

*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:

ALL HOME CARE, INC.

## ARTICLE II PRINCIPAL OFFICE

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

ALL HOME CARE, INC.  
103 S. U.S. Hwy. 1, Suite F-5-156  
Jupiter, FL 33477

## ARTICLE III SHARES

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

1,000

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Patricia Sherman  
103 S. U.S. Hwy. 1, Suite F-5-156  
Jupiter, FL 33477

**ARTICLE V INCORPORATOR(S)**

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

PATRICIA SHERMAN  
103 S. U.S. Hwy.1, Suite F-5-156  
Jupiter, FL 33477

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

12th day of July, 19 95.

  
\_\_\_\_\_  
Patricia Sherman                      Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee - \$35**

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

*Pursuant to the provisions of sections 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: ALL HOME CARE, INC.

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

Patricia Sherman

(Name)

103 S. U.S. Hwy. 1, Suite F-5-156

(P.O. Box NOT acceptable)

Jupiter, FL 33477

(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.*

SIGNATURE Patricia Sherman

Patricia Sherman

DATE July 12, 1995

**REGISTERED AGENT FILING FEE: \$35.00**

**DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314**