

P95000065486

TRANSMITTAL LETTER

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG 23 PM 12:05

100001567891
-08/23/95--01084--005
****131.25 ****131.25

SUBJECT: CARE CORPS HOME HEALTH 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

Additional Copy Required

FROM: MARC D. SLUTSKY
Name (printed or typed)
4330 HILLCREST DRIVE, SUITE 206
Address
HOLLYWOOD, FLORIDA 33021
City, State & Zip
(305) 962-5297
Daytime Telephone number

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

9/8/24/95

ARTICLES OF INCORPORATION

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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:

CARE CORPS HOME HEALTH CARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

4330 Hillcrest Drive
Suite 206
Hollywood, Florida 33021

ARTICLE III SHARES

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

One Thousand (1000) shares of Common Stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Marc D. Slutsky
4330 Hillcrest Dr.
Suite 206
Hollywood, FL 33021

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):

Marc D. Slutsky	4330 Hillcrest Dr. Suite 206 Hollywood, FL 33021	S.S.# 190-44-2615	President
Roy A. Gaeman	24 Evergreen Philadelphia, PA 19115	S.S.# 171-44-6557	Vice President
Martin S. Slutsky	9115 Dale Road Philadelphia, PA 19115	S.S. 191-16-2060	Sec'y/Treas.

PURPOSE

To operate a placement service for Home Health and Certified Nursing Assistants.

MANAGEMENT PROVISIONS

Policies will be set and monitored by the Officers of the Corporation, in consonance with the desires of the stockholders, and in accordance with Florida statutes governing this Corporation for Profit.

SHARES

The Corporation has authorized and issued 1000 shares of Par Value \$1.00 Stock Certs.
Marc D. Slutsky 800 Shares, Roy A. Gaeman 100 Shares, Martin S. Slutsky 100 Shares

POWERS OF THE CORPORATION, BOARD OF DIRECTORS, AND SHAREHOLDERS * NONE

PROVISIONS FOR PERSONAL LIABILITY OF SHAREHOLDERS * NONE

ANY PROVISION REQUIRED OR PERMITTED TO BE SET FORTH IN THE BYLAWS * NONE

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

21st day of AUGUST 1995

Marc Slutsky — PRESIDENT
Signature

Roy A. Gaeman — Vice President
Signature

Martin S. Slutsky — SECY/TREAS
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**

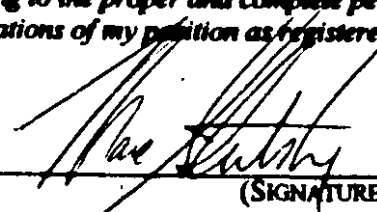
PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: CARE CORPS HOME HEALTH CARE, INC.
2. The name and address of the registered agent and office is:

Marc D. Slutsky
(NAME)
4330 Hillcrest Drive Suite 206
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
Hollywood, Florida 33021
(CITY/STATE/ZIP)

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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)

8-21-95
(DATE)