

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

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Re: TLC Caregivers Inc.		C.	•""[
(name of corporation)		(D	
Clentlemen:		11	
Enclosed please find the original and one copy of the Articles of Incorporation, together with the amount of \$122.50.	i (my.¢h	्य eekjin	i

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Low Farrell. Lisa Farre /+00001683214 (individual's name)****122.50 ****122.50

TLC Caregivers, Inc.
(name of corporation)

MAILING ADDRESS OF CORPORATION —
11705 NW 12TH Street
Pembroke Pines, FL 33026
PHONE
(954) <u>435-8865</u> —
Area Code Number Ext

ARTICLES OF INCORPORATION

	of	En
The care	Givers, J-//c.	96 My 50
The undersigned subscriber(s) to these Articles ecorporation under the laws of the State of Fi	of Incorporation, natural person(s) competer orida,	of the contract, hereby form a
ARTIC	LE I - CORPORATE NAME	The Town of
The Ca	regivers, Inc	
	TICLE II - DURATION	
This corporation shall exist perpetually unless		
	TICLE III - PURPOSE	
The corporation is organized for the purpose of United States and the State of Florida.	engaging in any activities or business porm	itted under the laws of the
ARTIC	LE IV - CAPITAL STOCK	
The corporation is authorized to issue One	hundred shares (100) of	one
Dollar () (\$_/_co) par value		
ARTICLE V - INITIA	IL REGISTERED OFFICE AND AGENT	,
The street address of the Initial Registered Ager	at office and the name of the Initial Registe	red Agent at that office is:
NAMII LISA Farrell		
ADDRESS 11705 N.W. 12# 5	treet	
criv Pembroke Pines	FLA	217 33036
The principal office, if known, or the mailing a	adress of the corporation is:	
NAME LISC FORTE!		
ADDRESS 11705 NW 1244	Street	
criv Pembroke Pines	FLORIDA	ZIP 33026
ARTICLE VI - I	NITIAL BOARD OF DIRECTORS	
This corporation shall have $\frac{+\omega\phi}{}$ (increased or diminished from time to time by the addresses of the initial director(s) of the corporation.	or Ry-Lawe but shall some be took the	of directors may be either one (1). The names and
NAME Lisa Farrell		
ADDRESS 11705 NW 12th 5	tree+	
city Pembroke Pines	STATE FLA.	zip 33026
NAME Patrick Farrell		
ADDRESS 11705 NW 12th 5+	reet	
ony Pembroke Pines	STATE FLA	ZIP 33026
NAME		
ADDRESS		
CITY EORM 216. A DITICI ES CITATION	STATE	ZIP
FORM 215: ARTICLES OF INCORPORATION, PAGE 1	PAGE 1	SEMINOLE MANAGERS

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporate	ors signing these Articles of Incorporation are	o as follows;
NAME LESS CO POLL		
ADDRESS 11 105 N W. 1214 C	street	
ery Permbroke Pines	SIATE Morida	zir 33026
NAMIE		
ADDRESS		
TIY	STATE	ZiP
IAMB		
DDRESS		
жү	STATE	ZIP
IN WITNESS WHEREOF, the undersigned sulday of Sancary, 19 616.	bscriber(s) have executed these Articles of Inco	
	Lion Tarwell	(Scal)
		(Scal)
		(Scal)

CERTIFICATE OF REGISTERED AGENT

TLC Caregivers, Inc.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

nt 11705 N.W. 12TH Street

Pembroke Pines, Florida 33026

has named Lisa Farrell

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Liva Furrell

Trevisiered agent)