P96000004010

TRANSMITTAL LETTER

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

SUBJECT: CARE-USA, 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

FILED
96 JAN 10 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: Carol Ann Ragone
Name (printed or typed)

11625 Griffing Blvd
Address

Miami FL 33161
City, State & Zip

(305) 893 5930
Daytime Telephone number

900001684319
-01/10/96--01067--011
*****78.75 *****78.75

SN JAN 1 2 1996

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

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96 JAN 10 AM 9:52
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 1 - NAME

The name of the corporation shall be:

CARE - USA, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

11625 Griffing Boulevard
North Miami, Florida 33161

ARTICLE III - SHARES

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

One Thousand (1,000)

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Carol Ann Ragone
11625 Griffing Boulevard,
North Miami, Florida 33161

ARTICLE V - INCORPORATOR(S)

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

Carol Ann Ragone
11625 Griffing Boulevard
North Miami, Florida 33161

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 8th day of January, 1995.

Carol Ann Ragone
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:

   CARE - USA, Inc.

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

   Carol Ann Ragone
   11625 Griffing Boulevard
   North Miami, Florida 33161

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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.

Carol Ann Ragone
Signature

1-8-96
Date

DIVISION OF CORPORATIONS
PO Box 6327, TALLAHASSEE, FL 32314