

P96000008700

Florida Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Support Care, Inc.

Enclosed please find original and one copy of the Articles of Incorporation for the above referenced corporation.

We have enclosed a check for

EFFECTIVE DATE
1-18-96

☐ \$ 70 - Filing Fee Only

☐ \$ 78.75 - Filing Fee and Certificate

☒ \$ 122.50 - Filing Fee, Registered Agent and Certified Copy Fee

☐ \$ 131.25 - Filing Fee, Registered Agent, Certified Copy Fee
and Certificate

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-01/24/96--01049--016
*****122.50 *****122.50

Date: January 18, 1996

Name and Title: Karin Harms, President

Address: 217C Foxtail Drive, West Palm Beach, FL 33415

Phone Number: 407-966-6883

FILED
96 JAN 24 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dmc
1-29-96

ARTICLES OF INCORPORATION

OF

Support Care, Inc.

EFFECTIVE DATE

1-18-96

FILED

96 JAN 24 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 NUMBER ONE - NAME

The name of the corporation shall be:

Support Care, Inc.

ARTICLE NUMBER TWO - PRINCIPAL OFFICE

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

217C Foxtail Drive, West Palm Beach, FL 33415

ARTICLE NUMBER THREE - CAPITAL STOCK

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

500 Shares

ARTICLE NUMBER FOUR - INITIAL REGISTERED AGENT AND REGISTERED OFFICE:

The name and address of the initial registered agent is:

Karin Harms 217C Foxtail Drive, West Palm Beach, FL 33415

ARTICLE NUMBER FIVE - EFFECTIVE DATE

The effective date of the corporation shall be:

January 18, 1996

ARTICLE NUMBER SIX - INCORPORATORS

The name(s) and street address of the incorporator(s) is (are):

Karin Harms 217C Foxtail Drive, West Palm Beach, FL 33415

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 18th day of January, 1996

Karin Harms

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT AND 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 it's registered office and registered agent, in the State of Florida.

The name of the corporation is: Support Care, Inc.

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

Karin Harms 217C Foxtail Drive, West Palm Beach, FL 33415

**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.**

Karin Harms

SIGNATURE

1-18-96

DATE

P96000008700

Karin Akers
-MIC for lat PO-
W. P. B. #1.
33415

City/State/Zip

Phone #

Office Use Only

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

1. _____
(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 type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input 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

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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Diss
2-6-97

NS

ARTICLES OF DISSOLUTION

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

FIRST: The name of the corporation is: Support Care, Inc.

SECOND: The date dissolution was authorized is: January 22, 1997

THIRD: Adoption of Dissolution (check one)

☒ X Dissolution was approved by the shareholders. The number of votes cast 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 _____"

Karin Harms Pres.

Karin Harms, President

Affidavit

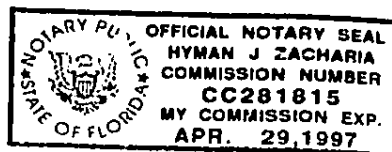
I, the undersigned, hereby swear or affirm that I am duly authorized to make this affidavit and do hereby consent to the Articles of Dissolution, and that the corporation has no intention of revoking this voluntary dissolution, and its name is available for immediate use by any other corporation.

Karin Harms 1-28-97

STATE OF FLORIDA
COUNTY OF Palm Beach

The foregoing was sworn or affirmed to and subscribed before me this 28th day of January, 1997 by Karin Harms, who is personally known to me.

Hyman J. Zacharia



FILED
97 FEB -3 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA