

P96000027921

TRANSMITTAL LETTER

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

600001754616
-03/22/96--01077--017
*****70.75 *****70.75

SUBJECT: CapCare Nursing, 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: Shirley Capresecco
Name (printed or typed)

22889 Cascade Place
Address

Boca Raton, FL 33428
City, State & Zip

Melissa Capresecco GAVE
AUTHORIZATION BY PHONE TO (407) 488-2343 (407) 479-2620
CORRECT Corp. Name Daytime Telephone number
DATE 4/1/96
DOC. EXAM. SAB

FILED
96 MAR 22 AM 9:37
TALLAHASSEE, FLORIDA

CapCare Nursing, Inc.

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

SAB
4/1/96

ARTICLES OF INCORPORATION

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96 MAR 22 AM 9:37

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:

CapCare Nursing, Inc.

ARTICLE II PRINCIPAL OFFICE

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

22889 Cascade Place, Boca Raton, FL 33428.

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Shirley Capresecco
22889 Cascade Place
Boca Raton, FL 33428

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):

Shirley Capresecco President
22809 Cascade Place
Boca Raton, FL 33428

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

20th day of March, 19 96.

(An additional article must be added if an effective date is requested.)

Shirley Capresecco *SC*
Signature

Signature

Signature

Notarization is not required

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: CapCare Nursing, Inc.

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

Shirley Capresecco
(NAME)

22889 Casade Place
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Boca Raton, FL 33428
(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.

Shirley Capresecco SC
(SIGNATURE)

03/20/96
(DATE)