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CAPITAL CONNECTION, INC.
 417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224 8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NE: At Home Capital No. 92602

96 APR 22 AM 10:48

ALL C.C. FEE. DISBURSED
 TALLAHASSEE, FLORIDA

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

- ☒ Capital Express™
- ☒ Art. of Inc. Filing
- ☐ Corp. Record Search
- ☐ Ltd. Partnership Filing
- ☐ Foreign Corp. Filing
- ☒ () Cert. Copy(s)
- ☐ Art. of Amend. Filing
- ☐ Dissolution/Withdrawal
- ☐ C U S-
- ☐ Fictitious Name Filing
- ☐ Name Reservation
- ☐ Annual Report/Reinstatement
- ☐ Reg. Agent Service
- ☐ Document Filing
- ☐ Corporate Kill
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ Document Retrieval
- ☐ UCC 1 or 3 Filing
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ File No.'s, _____ Copies
- ☐ Courier Service
- ☐ Shipping/Handling
- ☐ Phone () _____
- ☐ Top Priority
- ☐ Express Mail Prep.
- ☐ FAX () _____ pgs.

600001788936
 04/22/96--01045--011
 ***122.50 ***122.50

96 APR 22 AM 10:48

Crystal
 AUTHORIZATION BY PHONE TO
 CORRECT name of R.A.
 PH 4/22/96

SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	4/22/96		
TIME	9:30		CK No. _____
BY	CD		

WALK-IN
 Will Pick Up _____

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

ARTICLES OF INCORPORATION
OF

FILED
96 APR 22 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

At Home Care, Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is **At Home Care, Inc.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is Post Office Box 421057, Summerland Key, Florida 33042.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having no par value.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is THE LAW OFFICES OF DONALD E. YATES,^{PA} 402 Appelrouth Lane, Key West, Florida 33040.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of each member of the initial Board of Directors of the corporation is

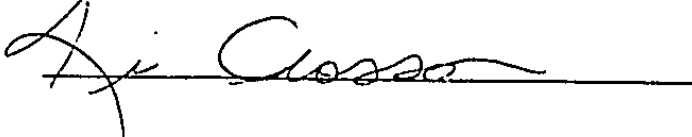
Diane Sunbury - President - Treasurer

Arlene Mira - Vice President - Secretary

Post Office Box 421057, Summerland Key, Florida 33042.

The undersigned has executed these Articles of Incorporation this 22nd day of April 1996.

"Capital Connection, Inc. by Kim Crosson, Office Manager"

A handwritten signature in cursive script, appearing to read "Kim Crosson", is written over a horizontal line.

CERTIFICATE OF DESIGNATION

FILED

REGISTERED AGENT/REGISTERED OFFICE 96 APR 22 AM 10:40

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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 At Home Care, Inc.
2. The name and street address of the registered agent and office is:

THE LAW OFFICES OF DONALD E. YATES, P.A.

402 Appelrouth Lane

Key West, Florida 33040

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE 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.


DONALD E. YATES