

P96000066590
TRANSMITTAL LETTER

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

600001907498
-07/30/96--01028--014
*****78.75 *****78.75

SUBJECT: PEOPLES CARE INC.
(Proposed corporate name - must include suffix)

FILED
JUL 31 1996
TALLAHASSEE, FL

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: Lenwood Spence
Name (printed or typed)
3421 West Oakland Park Blvd.
Address
Lauderdale Lakes, FL 33319
City, State & Zip
(954) 731-0337
Daytime Telephone number

502
W96 - 15916
7/30/96
TS

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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

July 30, 1996

LENWOOD SPENCE
3421 WEST OAKLAND PARK BLVD.
LAUDERDALE LAKES, FL 33319

SUBJECT: PEOPLES CARE INC.
Ref. Number: W96000015916

We have received your document for PEOPLES CARE INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6878.

Terri Buckley
Corporate Specialist

Letter Number: 696A00036552

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 I NAME

The name of the corporation shall be:

ALL PEOPLES CARE INC.

ARTICLE II PRINCIPAL OFFICE

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

3421 West Oakland Park Blvd.
Lauderdale Lakes, FL 33319

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TALLAHASSEE, FLORIDA

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lenwood Spence
3421 West Oakland Park Blvd.
Lauderdale Lakes, FL 33319

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):

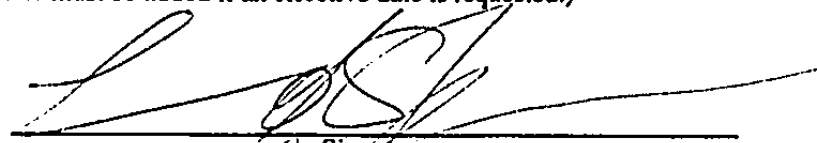
Lenwood Spence
3421 West Oakland Park Blvd.
Lauderdale Lakes, FL 33319

Maxine Spence
3421 West Oakland Park Blvd
Lauderdale Lakes, FL 33319

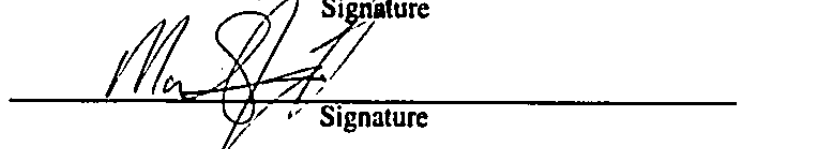
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15 day of July, 19 96.

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



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: ALL PEOPLES CARE INC.
2. The name and address of the registered agent and office is:

Lenwood Spence
(NAME)
3421 West Oakland Park Blvd
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
Lauderdale Lakes, FL 33319
(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.


(SIGNATURE)

July 15, 96
(DATE)