

**P96000074194**

**TRANSMITTAL LETTER**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 SEP -3 PM 3:19

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

200001988832  
-09/04/96--01156--011  
\*\*\*122.50 \*\*\*122.50

SUBJECT: A Moments Notice Home Care, 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

  X   \$122.50  
Filing Fee  
& Certified Copy

     \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Robert L. Braun  
Name (printed or typed)  
OLYMPUS FINANCIAL SERVICES CORP.  
725N. Highway A1A, Suite A-103  
Address  
Jupiter, FL 33477  
City, State & Zip  
561-743-7706  
Daytime Telephone Number

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

**D. BROWN SEP - 6 1996**

## ARTICLE OF INCORPORATION

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*The undersigned incorporator(s), for the purpose of forming 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:

A Moments Notice Home Care, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

725 N. Highway A1A, Suite A-103  
Jupiter, Fl 33477

### ARTICLE III SHARES

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

1,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sheila F. Halpin  
725 N. Highway A1A, Suite A-103  
Jupiter, Fl 33477

## ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Sheila F. Halpin  
725 N. Highway A1A, Suite A-103  
Jupiter, FL 33477

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this  
27th day of August, 19 96.

  
\_\_\_\_\_  
Sheila F. Halpin      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

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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: A Moments Notice Home Care, Inc.

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

Sheila F. Halpin  
(Name)

725 N. Highway A1A, Suite A-103  
(P.O. Box or Mail Drip Box: **NOT** ACCEPTABLE)

Jupiter, FL 33477  
(CITY/STATE/ZIP)

*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.

Sheila F. Halpin  
Sheila F. Halpin (SIGNATURE)

August 27, 1996  
(DATE)