

P96000079335
TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 SEP 23 AM 8:09

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

500001954535
-09/24/96--01077--005
*****78.75 *****78.75

SUBJECT: CONVA Care Home Health, 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:

Paulette J. McTayer
Name (printed or typed)

5950 N.W. 72nd Court
Address

Portland, Florida 33067
City, State & Zip

(954) 346-6933
Daytime Telephone number

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

D. BROWN SEP 25 1996

ARTICLES OF INCORPORATION

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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:

Conva Care Home Health, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5950 N.W. 72nd Court
Parkland, Florida. 33067

ARTICLE III SHARES

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

1000 shares.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Paulette J. Metayer

5950 N.W. 72nd Court
Parkland, Florida. 33067

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):


Kassandra M. McLayer and Paulette J. McLayer
5950 N.W. 72nd Court
Parkland, Florida.
33067

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

20th day of September, 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**

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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: CONVA CARE Home Health, Inc.
2. The name and address of the registered agent and office is:

Paulette J. McLayer
(NAME)

5950 N.W. 72nd Court
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Parkland, Florida 33067
(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.

Paulette J. McLayer
(SIGNATURE)

9/20/96
(DATE)