

P 96000087558

TRANSMITTAL LETTER

FROM:

Name of corporation:
Professional
Care Solutions, Inc.
Street address of the corporation
4729 Yellow Star Lane West
Jacksonville, FL 32224

500001979465--S
-10/18/96--01016--012
*****70.00 *****70.00

DEAR CORPORATIONS DIVISION:

Please find enclosed:

1. An original Articles of Incorporation and one copy for the above named corporation.
2. A certified check or money order in the amount of \$ 70.00 for filing fees.

A certified copy ☐ is ☒ is not requested.

If a certified copy is requested, the additional fee in the amount of \$ is enclosed.

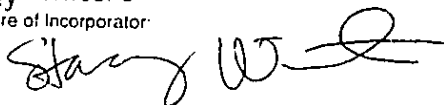
FILED
95 OCT 23 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please send responses or receipts concerning this filing to the above address.
Thank you very much.

Date: 10/16/96

Name of Incorporator:

Stacey Winters
Signature of Incorporator:



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W-22186
KR 10-18
KR 10-24-96



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 18, 1996

STACEY WINTERS
4729 YELLOW STAR LANE WEST
JACKSONVILLE, FL 32224

SUBJECT: CARE SOLUTIONS, INC.
Ref. Number: W96000022186

*David Smith
Name Change Amendment*
OCT 23 1996
FILED

We have received your document for CARE SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(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) 487-6932.

Kimberly Rolfe
Document Specialist

Letter Number: 896A00048131

*Ms Rolfe
We have changed our name
to Professional Case Solutions, Inc.*

ARTICLES OF INCORPORATION
of

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95 OCT 23 AM 7:50
TALLAHASSEE

Pursuant to Chapter 607 of the Florida Business Corporation Act, the undersigned incorporator submits these articles of Incorporation for the purpose of forming a for-profit corporation.

Article 1. The name of the Corporation is:

Professional Care Solutions, Inc.

Article 2. The principal place of business and mailing address of this corporation is:

4729 Yellow Star Lane West, Jacksonville, FL 32224

Article 3. The corporation is authorized to issue one class of stock, that being 100 shares of no par value, common stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the corporation.

Article 4. The name and address of the corporation's initial registered agent is:

Stacey Winters

4729 Yellow Star Lane West, Jacksonville, FL 32224

Article 5. The name and street address of the incorporator of this corporation is:

Stacey Winters

4729 Yellow Star Lane West, Jacksonville, FL 32224

Article 6. No Director shall be held liable to the corporation or its shareholders for monetary damages due to a breach of fiduciary duty, unless the breach is a result of self-dealing, intentional misconduct, or illegal actions.

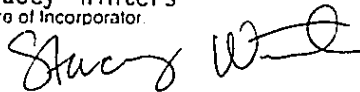
In witness whereof, the undersigned incorporator has executed these Articles of Incorporation on the date below. The undersigned incorporator hereby declares, under penalty of perjury, that the statements made in the forgoing Articles of Incorporation are true, and that the incorporator is at least eighteen years of age.

Date: 10/16/96

Name of Incorporator:

Stacey Winters

Signature of Incorporator:



**CERTIFICATE OF DESIGNATION
OF
REGISTERED OFFICE AND REGISTERED AGENT**

Pursuant to section 607.0501 of The Florida Business Corporation Act, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida.

1. The name and address of the corporation's registered agent and registered office is:

Stacey Winters
Name

Street address **4729 Yellow Star Lane West
Jacksonville, FL 32224**

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96 OCT 23 AM 7:51
STATE
TALLAHASSEE, FLORIDA

Having been named as the 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 of registered agent:



Date of signature: 10/16/96