

P96000100218

TRANSMITTAL LETTER

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

200002012912--6
-11/22/96--01103--002
*****35.00 *****35.00

200002012912--6
-11/22/96--01103--003
*****35.00 *****35.00

SUBJECT:

Extended Family 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Elva S. Lee
Name (Printed or typed)

1 Biscayne Place
Address

Palm Coast, Florida
City, State & Zip

904 405-1349
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 DEC 12 AM 9:37

FILED

W96-25206

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

12/1/96



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

December 3, 1996

ELVA S. LEE
1 BISCAYNE PLACE
PALM COAST, FL 32137

SUBJECT: EXTENDED FAMILY HOME CARE INC.
Ref. Number: W96000025206

We have received your document for EXTENDED FAMILY HOME CARE 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 document must state the number of shares of authorized stock.

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) 487-6067.

Neysa Culligan
Document Specialist

Letter Number: 496A00054154

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:

EXTENDED Family Home Care Inc.

ARTICLE II PRINCIPAL OFFICE

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

Place of Business } 27 Westgrill Drive
Palm Coast, Florida

Mailing address } Post Office Box 354763
Palm Coast, FL 32135-4763

ARTICLE III SHARES

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

Three (3)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Elva Lee
1 Biscayne Place
Palm Coast, FL 32137

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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):

ELVA S. LEE President

1 Biscayne Place
Palm Coast, FL 32137

James T. Lee Sr. Treasurer

1 Biscayne Place
Palm Coast, FL 32137

Karen P. Lee Vice President

31 Woodside Drive
Palm Coast, FL 32164

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

20 day of November, 19 96.

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

Elva S. Lee (President)
Signature

Karen P. Lee (Vice President)
Signature

James T. Lee Sr. (Treasurer)
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: Extended Family Home Care Inc.

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

EIva Lee
(NAME)

1 Biscayne Drive
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Palm Coast, Florida 32137
(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

EIva S Lee
(SIGNATURE)

11/20/96
(DATE)