

997 000008667
TRANSMITTAL LETTER

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

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-01/23/97--01049--011
*****78.00 *****78.00

SUBJECT: ABLE TENDER CARE GIVERS, 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

FROM:

Margaret Brown
Name (printed or typed)

2609 Stonegate ~~Dr.~~ Dr.
Address

Tallahassee, Florida 32308
City, State & Zip

(904) 878-8756
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 JAN 23 PM 12:08

FILED

1-29-97
JTB

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

ARTICLES OF INCORPORATION
OF

ABLE TENDER CARE GIVERS, INC.

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:

ABLE TENDER CARE GIVERS, INC.

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

2609 Stonegate Dr.
Tallahassee, FLA 32308

ARTICLE III SHARES

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

500 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Margaret Brown
2609 Stonegate Dr.
Tallahassee, FLA. 32308

ARTICLE V INCORPORATOR(S)

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

Margaret Brown
2609 Stonegate Dr.
Tallahassee, FLA. 32308

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

_____ day of _____, 19____.

Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: ABLE TENDER CARE GIVERS, Inc.

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

Margaret Brown
(Name)
2609 Stonegate Dr.
(P.O. Box not acceptable)
Tallahassee, FLA. 32308
(City/State/Zip)

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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.

Margaret L. Brown
(Signature)