

P97000023489

TRANSMITTAL LETTER

FILED

97 MAR 10 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Total Home Care Agency, 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: Mahdy E. Gittens
Name (Printed or typed)

5380-e Lakewood circle
Address

Margate, Fl. 33063

City, State & Zip

(954) 979-5722 or (954) 383-4094

Daytime Telephone number

700002108077--8
-03/10/97--01040--002
****122.50 ****122.50

PH
3/17/97

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

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.

TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Total Home Care Agency, INC.

ARTICLE II PRINCIPAL OFFICE

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

5380-e Lakewood circle
Margate, Fl. 33063

ARTICLE III SHARES

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

2000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Mahdy E Gittens
5380-e Lakewood circle
Margate, Fl. 33063

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

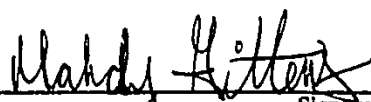
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Anita CLarke --2003 sw 85th avenune, North lauderdale, Fl.33068
WMyne Clarke ---same as above
Patrick Creary ---5072 NW 39th street, Lauderdale lakes, Fl.33319
Robert Alan ----5380-e Lakewood circle, Margate,Fl.33063
Mahdy Gittens----same as above

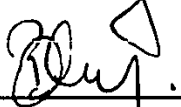
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3rd day of March, 19 97.

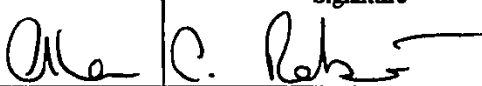
(An additional article must be added if an effective date is requested.)



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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TALLAHASSEE, FLORIDA

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 Total Home Care Agency, INC.

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

Mahdy E Gittens
5380-e Lakewood circle (MAHDY ESON Gittens)
(NAME)

5380-e Lakewood Circle, Margate, Fl. 33063
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Margate, Fl. 33063
(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.

Mahdy Gittens
(SIGNATURE)

March 3 1997
(DATE)