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TRANSMITTAL LETTER

RECEIVED  
97 MAR 26 11:12

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

000002121700--5  
-03/24/97--01038--025  
\*\*\*\*490.00 \*\*\*\*122.50

SUBJECT: PARADISE CARE GROUP, 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: KARL BROWN  
Name (Printed or typed)

300 W. CHURCH STREET  
Address

ORLANDO FLORIDA 32801  
City, State & Zip

(407) 841-8933  
Daytime Telephone number

Will wait

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97 MAR 24 11:43

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

D. BROWN MAR 24 1997

## ARTICLES OF INCORPORATION

RECEIVED  
FILED  
JAN 12 1992  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DALLAS, TEXAS

*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:

PARADISE CARE GROUP, INC

### ARTICLE II PRINCIPAL OFFICE

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

300 W. CHURCH STREET  
ORLANDO FLORIDA 32801

### ARTICLE III SHARES

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

20 million

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

KARL BROWN  
300 W. CHURCH STREET  
ORLANDO FLORIDA 32801

**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):

KARL BROWN  
300 W. CHURCH STREET  
ORLANDO FLORIDA 32801

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

24 day of MARCH, 19 97.

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

Karl Brown  
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**

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: PARADISE CARE GROUP, INC.

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

KARL BROWN  
(NAME)

300 W. CHURCH STREET  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

ORLANDO FLORIDA 32801  
(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.*

Karl Brown  
(SIGNATURE)

3/24/97  
(DATE)