

P97000028973

TRANSMITTAL LETTER

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

800002127048--5
-03/28/97--01073--005
*****78.75 *****78.75

SUBJECT: Geriatric Care and Consulting Services, 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: Michele L. Herzmark

Name (Printed or typed)

3520 Oaks Way - 704

Address

Pompano Beach, FL 33069

City, State & Zip

(954) 973-0103

Daytime Telephone number

FILED
97 MAR 28 PM 3:50
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

mc 3/31/97

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:

Geriatric Care and Consulting Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3520 Oaks Way - 704

Pompano Beach, FL 33069

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SEAL
TALLAHASSEE
FLORIDA

ARTICLE III SHARES

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

Ten (10) Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Michele L. Herzmark

3520 Oaks Way - 704

Pompano Beach, FL 33069

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):

Michele L. Herzmark

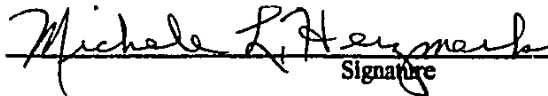
3520 Oaks Way - 704

Pompano Beach, FL 33069

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

24th 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**

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 Geriatric Care and Consulting Services, Inc.

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

Michele L. Herzmark

(NAME)

3520 Oaks Way - 704

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

Pompano Beach, FL 33069

(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.

Michele L. Herzmark
(SIGNATURE)

March 24, 1997

(DATE)