

P97000036588

TRANSMITTAL LETTER

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

100002151231--3
-04/22/97--01099--015
*****131.25 *****131.25

SUBJECT: Americare Specialty 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

FROM:

LEON PRINGLE
Name (printed or typed)

427 24th St. South
Address

ST Petersburg FL 33712
City, State & Zip

813-327-3337
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 APR 22 AM 10:32

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

97/24/97

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 APR 22 AM 10:32

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:

Americare Specialty Services, Inc

ARTICLE II PRINCIPAL OFFICE

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

427 24th Street, South

ST. Petersburg, Fl. 33712

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LEON Pringle

427 24th Street, South

ST. Petersburg, Fl. 33712

ARTICLE V INCORPORATOR(S)

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

LEON Pringle.
427 24th St. So.
ST. Petersburg, Fl. 33712

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

21st day of APRIL, 1997.



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: AMERICARE SPECIALTY SERVICES, INC.

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

LEON PRINGLE
(Name)

427 24th Street, South
(P.O. Box not acceptable)

ST. Petersburg FL 33712
(City/State/Zip)

97 APR 22 11:32
STATE
CORPORATIONS

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.

[Signature]
(Signature)

April 21, 1997
(Date)