

P97 000065146

TRANSMITTAL LETTER

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

FILED
97 JUL 28 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT : A 1 PLUS CARE, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☒ \$78.50
Filing Fee & Certificate

☐ \$122.50
Filing Fee & Certified Copy

800002250688--7
-07/29/97--01068--002
*****78.50 *****78.50

FROM : DENAYSHAWARIE SUKHRAM
Name

787 SAN SALVADOR DR.
Street Address

DUNEDIN FL 34698
City, State & zip

(813) 734 - 5448
Daytime Phone Number

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

BC
7/28

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 :

A 1 PLUS CARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

***787 SAN SALVADOR DR.
DUNEDIN FL 34698***

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is **(1000) one thousand shares of one dollar (\$1.00) par value common stock, which shall be designated "COMMON STOCK".**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is :

***DENAYSHAWARIE SUKHRAM
787 SAN SALVADOR DR.
DUNEDIN FL 34698***

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ARTICLE V INCORPORATOR(S)

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

***DENAYSHAWARIE SUKHRAM
787 SAN SALVADOR DR.
DUNEDIN FL 34698***

President

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

23 th day of July 1997



Signature

Signature

Signature

Signature

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 : A I PLUS CARE, INC.

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

DENAYSHAWARIE SUKHRAM

(Name)

787 SAN SALVADOR DR.

(P.O.BOX "not" accepted)

DUNEDIN FL 34698

(City/State/Zip)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the 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.

Denayshawarie Sukhrum
Signature

7/24/97
Date