

P97000065238

TRANSMITTAL LETTER

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

SUBJECT: The Center for Aging Control, Inc.
(Proposed corporate name - must include suffix)

300002248663-- 0
-07/28/97--01040--001
*****78.75 *****78.75

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: DuWayne Rogers
Name (Printed or typed)

14 N Lawsona Blvd.
Address

Orlando, FL 32801
City, State & Zip

(407) 898-1077
Daytime Telephone number

FILED
97 JUL 28 AM 9:27
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

T.M. - 7/29/97

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: The Center for Aging Control, Inc.

ARTICLE II PRINCIPAL OFFICE

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

14 N Lawsona Blvd.
Orlando, FL 32801

ARTICLE III SHARES

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

1,000,000 Shares of common stock at \$2.00 (two dollars) Par Value
Type A Voting Stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: DuWayne Rogers
14 N Lawsona Blvd.
Orlando, FL 32801

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TALLAHASSEE, FLORIDA

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):

Duwayne Rogers
14 N Lawsona Blvd.
Orlando, FL 32801

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

7th day of July, 19 97.

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

Duwayne Rogers
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.

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

DIVISION OF CORPORATIONS
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 The Center for Aging Control, Inc.

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

DuWayne Rogers
(NAME)

14 N Lawsona Blvd.
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Orlando, FL 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.

DuWayne Rogers
(SIGNATURE)

July 7, 1997
(DATE)