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MEMBERS
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

October 27, 1997

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****122.50 ****122.50

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

Gentlemen:

Enclosed is my check in the amount of \$122.50 for fees to establish the corporation:

Total Elder Services, Inc.

Please send articles to me at the above address. Thank you.

Very truly yours,

Robert E. Carlson (sa)

Robert E. Carlson

REC:sa
Enc.

FILED
97 OCT 30 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dmc
10/30/97

ARTICLES OF INCORPORATION

OF

TOTAL ELDER SERVICES, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE ONE
NAME

The name of the corporation is Total Elder Services, Inc. and the principal office is located at 8900 S. W. 107 Ave., Suite 302, Miami, FL 33176, or such other address as the officers may from time to time designate.

ARTICLE TWO
DURATION

The term of existence of the corporation is perpetual.

ARTICLE THREE
PURPOSE

The corporation may engage in any or all lawful business permitted to corporations under the laws of the STATE OF FLORIDA, or any other state, country, territory or nation.

ARTICLE FOUR
CAPITAL STOCK

The maximum number of shares which the corporation has authority to issue is 1,000 shares, all of which shall be common shares with a par value of \$1.00 each.

ARTICLE FIVE
REGISTERED OFFICE

The principal address of the initial registered office of the corporation shall be 8900 S. W. 107 Ave., Suite 302, Miami, FL 33177. The name of the initial registered agent at such address is Robert E. Carlson.

ARTICLE SIX
PRE-EMPTIVE RIGHTS

The shareholders shall have Pre-emptive Rights.

ARTICLE SEVEN
DIRECTORS

The Board of Directors of the corporation shall consist of at least one member and not more than three.

The name and address of initial Directors of the Board are:

<u>NAME</u>	<u>ADDRESS</u>
Robert E. Carlson	8900 SW 107 Ave., Suite 302 Miami, FL 33176
Bernard Tytell	13953 S. W. 66 St., Suite 706B Miami, FL 33183

INCORPORATORS

The name and address of the incorporator is:

<u>NAME</u>	<u>ADDRESS</u>
<u>Bernard Tytell</u>	8900 S. W. 107 Ave., Suite 302 Miami, FL 33176

IN WITNESS WHEREOF, I have subscribed my name this 23rd day of October, 1997.


Bernard Tytell, Incorporator

STATE OF FLORIDA:

COUNTY OF DADE :

On this 23 day of October, 1997, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared Bernard Tytell, known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purpose herein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.


NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES:



JANET KRUIZ
My Comm Exp. 10/02/99
Bonded By Service Ins
No. CC499084
☒ Personally Known ☐ Other

FILED

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT / REGISTERED OFFICE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.325, 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 **Total Elder Services, Inc.**
2. The name and address of the registered agent and office is Robert E. Carlson, 8900 S. W. 107 Ave., Suite 302, Miami, FL 33176.

Robert E. Carlson
Robert E. Carlson
Date 10-23-97

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Robert E. Carlson
Robert E. Carlson, Registered Agent
10-23-97
Date /

State of Florida
County of Dade

The foregoing instrument was acknowledged and sworn to before me this ²³~~22~~ day of October, 1997.

Janet Krutz
Notary Public

My Commission Expires:



JANET KRUTZ
My Comm Exp. 10/02/99
Bonded By Service Ins
No. CC499084
☒ Personally Known ☐ Other