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CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

Home Made Family Care

- ☐ Walk In
☐ Mail Out
☐ Will Wait
☐ Photocopy

☐ Pick Up Time _____

- ☒ Certified Copy
☐ Certificate of Status
☐ Certificate of Good Standing

- ☐ ARTICLES ONLY
☐ ALL CHARTER DOCS

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

- ☐ Certificate of FICTITIOUS NAME
☐ FICTITIOUS NAME SEARCH
☐ CORP SEARCH

Ordered By: _____

Date: _____

FILED
97 NOV 20 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
11-17-97

RECEIVED
97 NOV 20 AM 8:29
DIVISION OF CORPORATION

Handwritten signature and date 11/20

**ARTICLES OF INCORPORATION
OF
HOME MADE FAMILY CARE, INC.**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE I - Name

The name of this corporation is Home Made Family Care, Inc. The mailing address and the principal place of business shall be 150 Sandpine Ct., St. Cloud, Florida 34771.

ARTICLE II - Duration

This corporation shall exist in perpetuity, commencing on the date of execution and acknowledgment of these Articles.

ARTICLE III - Purpose

This corporation is organized for the purpose of transacting any or all lawful business.

ARTICLE IV - Capital Stock

This corporation is authorized to issue 1,000 shares of \$1.00 par value common stock.

ARTICLE V - Pre-emptive Rights

Every share holder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share of such stock (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI - Initial Board of Directors

This corporation shall have three (3) directors initially. The number of directors may be increased from time to time by the bylaws, but shall never be less than one. The names and addresses of the initial directors of this

EFFECTIVE DATE
11-17-97

corporation are:

<u>Name</u>	<u>Address</u>
Coreen Otto	150 Sandpine Ct., St. Cloud, FL 34771
Donella Talbert	150 Sandpine Ct., St. Cloud, FL 34771
Dian Smith	337 Ohio Avenue, St. Cloud, FL 34769

ARTICLE VII - Initial Registered Office and Agent

The street address of the initial registered office of this corporation is 150 Sandpine Ct., St. Cloud, FL 34771 and the name of the initial registered agent of this corporation at that address is Coreen Otto.

ARTICLE VIII - Incorporators

The names and addresses of the person(s) signing these articles are:

<u>Name</u>	<u>Address</u>
Coreen Otto	150 Sandpine Ct., St. Cloud, FL 34771
Dian Smith	337 Ohio Avenue, St. Cloud, FL 34769

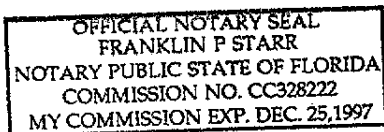
ARTICLE IX - Bylaws

The power to adopt, alter, amend or repeal bylaws shall be vested in the Board of Directors.

ARTICLE X - Amendment

The shareholders shall have the power to adopt, amend, alter, change or repeal the Articles of Incorporation when proposed and approved at a stockholders meeting, with not less than a majority vote of the common stock.

IN WITNESS WHEREOF, the undersigned incorporators have executed these Articles of Incorporation this 17th day of November, 1997.



Coreen Otto
COREEN OTTO

STATE OF FLORIDA
COUNTY OF OSCEOLA

The foregoing instrument was sworn to before me this 17th day of November, 1997, by COREEN OTTO. She is personally known to me or who has produced _____ as identification.

Franklin P. Starr

Notary Public, State of Florida

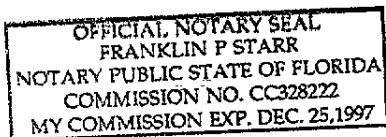
Franklin P. Starr

Typed, Printed or Stamped Notary Name

Dian Smith
DIAN SMITH

STATE OF FLORIDA
COUNTY OF OSCEOLA

The foregoing instrument was sworn to before me this 17th day of November, 1997, by DIAN SMITH. She is personally known to me or who has produced _____ as identification.



Franklin P. Starr

Notary Public, State of Florida

Franklin P. Starr

Typed, Printed or Stamped Notary Name

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

In compliance with Section 48.091, Florida Statutes, the following is submitted:

First - that Home Made Family Care, Inc., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at 150 Sandpine Ct., St. Cloud, Florida 34771, State of Florida, has named Coreen Otto, located at 150 Sandpine Ct., St. Cloud, Florida 34771, State of Florida, as its agent to accept service of process within Florida.

Signature: Coreen Otto
Coreen Otto

Title: Incorporator/President

Date: 11-17-97

Having been named to accept service of process for the above 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.

Signature: Coreen Otto
Coreen Otto

Date: 11-17-

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