

DEC. -02' 97 (TUE)

P. 004

P97000102309
TRANSMITTAL LETTER

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

SUBJECT: HomeCare Inc.
(Proposed corporate name - must include suffix) **700002363247--7**
-12/04/97--01086--008
*****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:

Jim Wilcox (HomeCare)
Name (printed or typed)

6157 Heartland Cr.
Address

Tallahassee FL 32312
City, State & Zip

(850) 509-9274
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC -4 PM 2:05

RECEIVED
DIVISION OF CORPORATION
97 DEC -4 PM 2:00

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

12-4-97
WS

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: *Home Care Inc.*

ARTICLE II PRINCIPAL OFFICE

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

6157 Heartland Cr. Tallahassee, FL 32312

ARTICLE III SHARES

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

*1000 shares at
\$200.00 a share*

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Jim Wilcox
6157 Heartland Cr.
Tallahassee, FL 32312*

FILING FEE: \$70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC -4 PM 2:05

ARTICLE V INCORPORATOR(S)**See instructions for officers/directors**

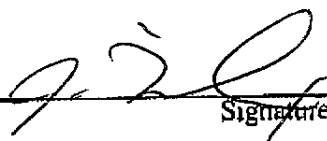
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

James H. Cox 6157 Heartland Cr. Tall, FL 32312

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

4 day of *December*, 19 *97*.

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



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.

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

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:

Home Care Inc.

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

Jim Wilcox
(NAME)

6657 Heartland Cr.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tallahassee, FL 32312
(CITY/STATE/ZIP)

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DIVISION OF CORPORATIONS
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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 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)

12/4/97
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314