

TRANSMITTAL LETTER

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC -4 AM 9:03

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

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-12/04/97--01081--009
****131.25 ****131.25

ELITE ELDER CARE, INC.

SUBJECT:

(Proposed corporate name - must include suffix)

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: ROSLYN SCHRAGER

Name (Printed or typed)

5623 SLIPPERY ROCK ROAD

Address

WESTON, FL 33327

City, State & Zip

954-349-0222

Daytime Telephone number

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

RP
12-8-97

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ELITE ELDER CARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

562 SLIPPERY ROCK ROAD

WESTON, FL 33327

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:


ROSLYN SCHRAGER
562 SLIPPERY ROCK ROAD

WESTON, FL 33327

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

ROSLYN SCHRAGER
562 SLIPPERY ROCK ROAD
WESTON, FL 33327


Signature/Incorporator


Date

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

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/Registered Agent


Date