

PA7000108258

TRANSMITTAL LETTER

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

EFFECTIVE DATE  
1/5/98

C+P  
SUBJECT: Elder CARE of BREVARD, Inc.  
(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:

Patricia M. Lowe

Name (Printed or typed)

4784 FAIR SUN Street

Address

Cocoa, Florida 32927

City, State & Zip

FILED  
97 DEC 29 AM 8:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUTHORIZATION BY PHONE TO

Daytime Telephone number

CORRECT

DATE

DOC. EXAM.

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



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

December 9, 1997

ELDER CARE OF BREVARD, INC.  
4784 FAIRSUN ST  
COCOA, FL 32927

We have received your document for ELDER CARE OF BREVARD, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

The document must state the number of shares of authorized stock.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6926.

Tracy Meyer  
Document Specialist

Letter Number: 397A00057948

# ARTICLES OF INCORPORATION

EFFECTIVE DATE

4/5/98

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:

C + P ElderCare of Brevard, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

4784 FAIR SUN ST.  
COCOA, FL. 32927

P.O. Box 10051  
Port St. John, FL.  
32927

## ARTICLE III SHARES

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

(1) ONE

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Patricia M. Lowe

4784 FAIR SUN STREET  
COCOA, FL. 32927

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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):

Patricia M. Lowe  
4784 FAIRSUN ST.  
COCOA, FL. 32927

Charles D. Lowe  
4784 FAIRSUN ST.  
COCOA, FL. 32927

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

28 day of Dec., 1997.

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

x Patricia M. Lowe

Signature

x Charles D. Lowe

Signature

\_\_\_\_\_  
Signature

VI. The effective date will be Jan 5, 1998.

**Notarization is not required**

**NOTE:** Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**C&P ElderCare of Brevard, Inc.**  
A Professional Senior Sitting Service  
(407) 636-2254

P.O.Box 10051  
Port St. John, FL. 32927

**OWNERS**

President and Chief Executive Officer  
Patricia M. Lowe

Vice President and General Manager  
Charles D. Lowe

Purpose

To provide quality, non-medical care for daily home-assisted living

Mission Statement

**C&P ElderCare of Brevard, Inc.** is a referral service only. we will match professional personnel with families and/or individuals who are in need of assisted living. At no time will any professional sitter (contractor), or customer (family/individual) visit or meet at the office of C&P ElderCare of Brevard, Inc. All contacts will be made in person with the professional sitter (contractor) and family/individual (customer) at their home, by mail, or designated meeting place.

**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 C + P ElderCare of Brevard, Inc.
2. The name and address of the registered agent and office is:

Patricia M. Lowe  
(NAME)

4784 FAIR SUN STREET  
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

COCOA, FL. 32927  
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

*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.*

Patricia M. Lowe  
(SIGNATURE)

12/15/97  
(DATE)