

P98000008963

TRANSMITTAL LETTER

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

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-01/27/98--01091--010
****131.25 ****131.25

SUBJECT: LIFE CARE CONSULTANTS, 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: ROSLYN M. PRESS
Name (Printed or typed)

1530 NE 44 STREET
Address

POMPANO BEACH, FL 33064
City, State & Zip

954-786-9689
Daytime Telephone number

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

98 JAN 27 PM 4:43

FILED

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

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:

LIFE CARE CONSULTANTS, INC.

ARTICLE II PRINCIPAL OFFICE

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

Place of business:	1530 NE 44 Street	Pompano Beach, FL 33064
Mailing address:	1530 NE 44 Street	Pompano Beach, FL 33064

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10,000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Roslyn M. Press 1530 NE 44 Street, Pompano Beach, FL 33064

ARTICLE V INCORPORATOR

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

Roslyn M. Press 1530 NE 44 Street, Pompano Beach, FL 33064

Roslyn M. Press
Signature/Incorporator

1/26/98
Date

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.

Roslyn M. Press
Signature/Registered Agent

1/26/98
Date

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