PASONITION 18203

98 FEB 23 AM II: 09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FEB 2 5 1998

P Hall

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

SUBJECT:	ADDED CARE, INC. (Proposed corporate name - must include suffix)		
		1	00002435 -02/23/38 ******78.75
Enclosed is an origina	al and one(1) copy of the article	les of incorporation and a	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 CO	PY REQUIRED
FROM:	Christine A. Kohn		
	Name (Printed or typed) Robbins, Salomon & Patt, Inc. 25 E. Washington Street Suite 1000 Address		
٠ ·	Chicago, Illinois 60602		
	City, State & Zip		
	(312) 456-0380		
	Daytime T	elephone number	

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

ARTICLES OF INCORPORATION

FILED

98 FEB 23 AM 11: 09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

NAME

The name of the corporation shall be:

ADDED CARE, INC.

PRINCIPAL OFFICE

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

Melissa Tracy 8621 Boyer Court Hudson, Florida 34667

ARTICLE III SHARES

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

1000 Shares

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Melissa Tracv 8621 Boyer Court Hudson, Florida 34667

ARTICLE V INCORPORATOR

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

Eitan Squire 3601 W. Devon Suite 2 Chicago, Illinois 60659

Signature/Incorporator

Eitan Squire

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

Melissa Tracy