

P980000019896

TRANSMITTAL LETTER

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

SUBJECT: CARE with Compassion Inc.
(Proposed corporate name - must include suffix)

800002442538--3
-02/27/98--01049--002
122.50 *122.50

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: Valerie Richardson
Name (Printed or typed)

2200 Island Drive
Address

Muramar FLA 33023
City, State & Zip

1-800-370-7684 Ext 221.
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 FEB 27 AM 9:10

FILED

Valerie Richardson GAVE
AUTHORIZATION BY PHONE TO
CORRECT Article II - Change
DATE 3/3
DOC. EXAM BB

incorporator to: Valerie Richardson

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

B. BROCK MAR 03 1998

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:

Care with Compassion INC

ARTICLE II PRINCIPAL OFFICE

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

2200 Island Drive
Miramar FLA, 33023

ARTICLE III SHARES

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

1,000,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Valerie Richardson
2200 Island Drive Miramar FLA. 33023

ARTICLE V INCORPORATOR

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

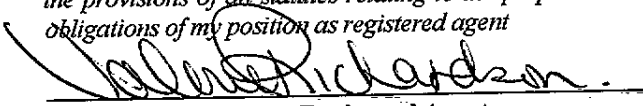
Valerie Richardson
2200 Island Drive
Miramar FLA. 33023


Signature/Incorporator

Feb 23, 1998
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

Feb. 23, 1998
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA