

P98000048986

Requestor's Name  
Address  
*Rene & S*  
(NAME)  
*350 BAY FOREST DRIVE*  
CO (P.O. BOX NOT ACCEPTABLE)  
*NAPLES FL 34110*

300002523109-- 4  
-05/14/98--01034--015  
\*\*\*\*122.50 \*\*\*\*122.50

Office Use Only

NUMBER(S), (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS               |  |
|--------------------------|--|
| <input type="checkbox"/> | Amendment                              |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent             |
| <input type="checkbox"/> | Dissolution/Withdrawal                 |
| <input type="checkbox"/> | Merger                                 |

FILED  
98 JUN -2 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

W98-11221

Examiner's Initials

6/2/98



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

May 18, 1998

RENE AST  
350 BAY FOREST DRIVE  
NAPLES, FL 34110

SUBJECT: COMPLETE HOME CARE, INC.  
Ref. Number: W98000011221

We have received your document for COMPLETE HOME CARE, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The registered agent must have a Florida street address. A post office box is not acceptable.

The registered agent and street address must be consistent wherever it appears in your document.

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) 487-6067.

Neysa Culligan  
Document Specialist

Letter Number: 598A00027545

ARTICLES OF INCORPORATION

OF

Complete Home Care, Inc.

FILED

98 JUN -2 AM 10: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Complete Home Care, Inc.

ARTICLE II PRINCIPAL OFFICE

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

233 2nd Street

Bonita Springs, FL 34134

1-941-947-3942 Day Phone

ARTICLE III CAPITAL STOCK

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Reuë Ast

350 Bay Forest Drive

Naples, FL 34110

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

*Martin Lehmann*  
*Brüggartenstrasse 32*  
*CH-5634 Metenschwand*  
*Switzerland*

*Martin Lehmann*  
*↳ President*  
*VP*  
*S*  
*T*

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

11<sup>th</sup> day of May, 19 98.

*M. Lehmann*

Signature

Signature

Signature

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: Complete Home Care, Inc.

2. The name and address of the registered agent and office is:

Rene Ast  
(NAME)

350 BAY FOREST DRIVE  
(P.O. BOX NOT ACCEPTABLE)

NAPLES FL 34110  
(CITY/STATE/ZIP)

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

R. Ast

DATE

5-11-98

98 JUN -2 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED