## P480000063055

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 700002589817--5 -07/15/98--01066--012 \*\*\*\*\*70.00 \*\*\*\*\*70.00

\$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:	451 SE	Waldorf Printed or typed)  11 th Terr	98 JUL 15 AM IO  PRINCIPOR OUR OF COUR
	Dania F	L. 33004 State & Zip	AM 10: 23  REFORATIONS E, FLORIDA
_	(954) 9e Daytime T	29-8811 Pelephone number	ORIZATION BY PHONE

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.

DIVISION OF COMPORATION OF AMASSEE, FLORIDA	98 JUL 15 AM 10: 23	
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## ARTICLE I NAME

The name of the corporation shall be:

TOTAL CARING CONNECTIONS, INC. 5

ARTICLE II PRINCIPAL OFFICE

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

451 S.E. 11th Tenace Dania, Fl. 33004

ARTICLE III SHARES

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

2

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Rebecca WaldORF 451 J.E. 114 TERRACE Dania, Fl. 33004

ARTICLE V INCORPORATOR

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

LORRAINE Luciani 1445 Atlantic SHORES BIND. #101 Hallandale, Fl. 33009

Sorraire Luciani
Signature/Incorporator

7/13/98 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

Data