TRANSMITTAL LETTER

P98000104997

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

,				
SUBJECT:	oring Companio	ons of Sow porate name - must include suf	Fh Floria	da,
		;	00002714 -12/17/980 *****78.75	354 1092-00 *****78
Enclosed is an origin	nal and one(1) copy of the artic	eles of incorporation and a c	check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of	

& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM:	Vera Rivera Name (Printed or typed)
	15600 Lancelot Ct.
	Davie, FL 33331 City, State & Zip
	954-252-9080 Daytime Telephone number
era Rivera	GAVL

PIVISION CE CORPORATIONS
98 DEC 17 AM 8: 40

Vera Rivera GAVI MUTHORIZATION BY PHONE TO MORRECT and suffice DATE 12/18 DOJ. EXAM BB

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the Proose 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: Caring Companions of South Florida
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 15600 Lancelot Cf. Davie, FL 33331
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
2 shares no par value
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Vera Rivera

ARTICLE V INCORPORATOR

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

Vera Rivera

15600 Lancel of Cf.

Davie, FL 33331

Signature/Incorporator

(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

Dote