

P990000007326

**ELIZABETH G. WARREN**  
175 Nina Way  
Oldsmar, Florida 34677

January 12, 1999

100002742731--8  
-01/14/99-01124-012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Secretary of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find the Articles of Incorporation of E. W. Ventures, Inc. Please file these with the appropriate authorities. I have enclosed a check to cover the filing costs and fees.

If you have any questions or should you require any further information, please contact me at the address above. Please send certified copy to the above address.

Sincerely,



Elizabeth G. Warren

FILED  
99 JAN 26 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BROCK JAN 26 1999

W9900001256  
02553



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

January 19, 1999

ELIZABETH G. WARREN  
175 NINA WAY  
OLDSMAR, FL 34677

SUBJECT: E.W. VENTURES, INC.  
Ref. Number: W99000001256

We have received your document for E.W. VENTURES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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.

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) 487-6925.

Barbara Brock  
Document Specialist

Letter Number: 899A00002332

**Articles of Incorporation  
Of  
E.W. Ventures, Inc.**

99 JAN 26 AM 11:13  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**I.  
Name**

The name of the Corporation is **E.W. Ventures, Inc.**, hereinafter referred to as the "**Corporation**".

**II.  
Purposes**

The purpose of the **Corporation** is to transact any and all lawful business for which corporations may be incorporated under the laws of the State of Florida, as they may be amended from time to time.

**III.  
Principal Office and Registered Agent**

The principal office of the **Corporation** is 175 Nina Way, Oldsmar, FL 34677, Telephone Number 727-789-1797. The **Corporation** may maintain offices and/or transact business at other locations, either within or without the State of Florida. The name and address of the registered agent for service of process upon the **Corporation** is Elizabeth G. Warren, 175 Nina Way, Oldsmar, Florida 34677 , Telephone Number 727-789-1797.

**IV.  
Duration**

The duration of the **Corporation** shall be perpetual.

**V.  
Initial Business**

The initial business of the **Corporation** shall be: Home Health Service Agency.

**VI.  
Capital Stock**

The **Corporation** is authorized to issue only one class of shares of stock which shall be designated Common Stock. The total number of shares the **Corporation** shall have authority to issue is \$30,000, each share to have a par value of \$1.00.

**VII.  
Incorporators**

The names and mailing addresses of the incorporators are:

Incorporator name	Incorporator Address	Incorporator Telephone
<u>Elizabeth G. Warren</u>	<u>175 Nina Way, Oldsmar, FL 34677</u>	<u>727-789-1797</u>

**VIII.  
Directors**

The number of directors constituting the initial Board of Directors of the **Corporation** is one. The name and address of the person who is appointed to act as the initial director of the **Corporation** is:

Director Name	Director Address	Director Telephone
<u>Elizabeth G. Warren</u>	<u>175 Nina Way, Oldsmar, FL 34677</u>	<u>727-789-1797</u>

**IX.  
No Personal Liability**

The private property of the stockholders shall not be subject to the payment of corporate debts.

**X.  
Operating provisions**

The provisions for the operation, regulations, and management of the business and internal affairs of the **Corporation** shall be as set forth in the Bylaws, which may be amended from time to time by a majority vote of a quorum of the Board of Directors.

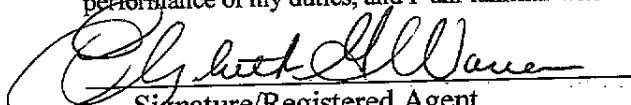
**XI.  
Fiscal Year**

The fiscal year of the **Corporation** shall be from January 1 to December 31 of each year.

  
Signature/Incorporator

1/13/99  
Date

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

1/13/99  
Date

State of FL

County of pinellas

BEFORE ME, the undersigned authority, on this day personally appeared Elizabeth V Warren, known to me to be the person described in, and whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this the 13 day of Jan., 1999.



Surekha Parekh  
MY COMMISSION # CC726047 EXPIRES  
March 20, 2002  
BONDED THRU TROY FAIN INSURANCE, INC.

Surekha Parekh

Notary Public in and for the  
State of FL

My Commission Expires:

FILED  
99 JAN 26 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

State of \_\_\_\_\_

County of \_\_\_\_\_

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person described in, and whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the  
State of \_\_\_\_\_

My Commission Expires: