TRANSMITTAL LETTER

P99000041872

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

SUBJECT:	GRACE CARE, T	MC. rate name - must include sur	ffix)	
			300002861 -05/04/99 *****87.50	L1885 01009010 *****87.50
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	a check for:	_
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FROM	: JANUSZ WISK Name (Pr			
	9441 REXFORI	D DR ddress	· · · · · · · · · · · · · · · · · · ·	العاشية المستثمان
	NEW PORT RIC City, S (727) 841 - Daytime Te	State & Zip	ALLAHASSEE, FLORIDA	FILED 99 HAY -3 PM 4: 41

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.

<u>ARTICLE</u> I

The name of the corporation shall be:

Grace Care, Inc.

ARTICLE II PRINCIPAL OFFICE

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

9441 Rexford Dr., New Port Richey, Florida 34654, USA

ARTICLE III

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

1,000 (One thousand no par value shares.)

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Janusz Wisniewski 9441 Rexford Dr., New Port Richev, FL 34654

ARTICLE V *INCORPORATOR*

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Janusz Wisniewski 9441 Rexford Dr., New Port Richey, FL 34654

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