P99000041475

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

SUBJECT: HI	(Proposed corporate name - must include suffix)			
		en e	200002886 -05/20/99- *****78.75	-01050009
Enclosed is an origin	nal 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	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	ę
FROM	f: Vickie Durrance Name (P	rinted or typed)		
	1557 C.R. 29	. -	s	
	Lake Placid, F1. 33852 City, State & Zip 941-699-6444 Daytime Telephone number		Y OF ST	00 MAY 20 DM 2-20

 $\label{eq:NOTE:Please provide the original and one copy of the articles.}$

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.

ARTICLE I NAME

The name of the corporation shall be: Mid State Caretaking Inc.



ARTICLE II PRINCIPAL OFFICE

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

1557 C.R. 29 Lake Placid, Fl. 33852

ARTICLE III SHARES

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

75% Vickie Murrance 25% RICKY DURRANCE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Vickie Durrance 1557 C.R. 29 Lake Placid, F1 33852

ARTICLE V INCORPORATOR

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

Ricky Durrance 1557 C.R. 29 Lake Placid, Fl. 33852 Vickie Durrance 1557 C.R. 29 Lake Placid, FL. 33852

Dichee Durchain on Signature / Incorportox

Date

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

Date /