

TRANSMITTAL LETTER

P99000053552

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

SUBJECT:

TotalCaring, Inc.

(Proposed corporate name - must include suffix)

700002900917--5  
-06/10/99--01076--011  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Deborah Fisher Terry and Ruth Roffman  
Name (Printed or typed)

18770 South West 7th Street  
Address

Pembroke Pines, FL 33029  
City, State & Zip

954-437-4760

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 JUN 10 AM 10:53

FILED

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

T. SMITH JUN 14 1999

## 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:      TotalCaring, Inc.

### ARTICLE II      PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be  
18770 South West 7th Street  
Pembroke Pines, FL 33029

### ARTICLE III      SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is (100) one hundred shares of \$1.00 par value, common stock.

### ARTICLE IV      INITIAL REGISTERED AGENT AND STREET ADDRESS

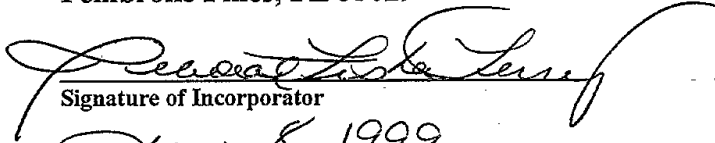
The name and Florida street address of the initial registered agent are:  
James L. Terry  
18770 S.W. 7th Street  
Pembroke Pines, FL 33029

### ARTICLE V      INCORPORATORS

The names and addresses of the incorporators to these Articles of Incorporation are:

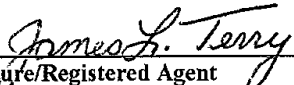
Deborah Fisher Terry  
18770 S.W. 7th Street  
Pembroke Pines, FL 33029

Ruth Roffman  
1632 S.W. 159 Avenue  
Davie, FL 33326

  
Signature of Incorporator

  
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 am familiar with and accept the obligations of my position as registered agent.*

  
Signature/Registered Agent

  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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