P99000069584

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

SUBJECT: CLASSIC CARE SERVICES INC.

(Proposed corporate name - must include suffix)

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

`			<i>y</i> /
\$70.00	\$78.75	□ \$78.75	ॼ \$87.50 ✓
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
J	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL COPY REQUIRED	

FROM: _	OLLIE FIELDS	Special Services	
	Name (Printed or typed)		KH1974)
		10 May 10	Section 1
	Ma Sun Flower Rd		
_	106 SUN FlOWER Rd. Address		
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	TAllAhassee, FL. 32310 City, State & Zip		
	City, State & Zip	Tirk is	City and
		<i>(</i>)	
	850/877-5613		
_	Daytime Telephone number		

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

8/8/5

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 1. NAME

The name of the corporation shall be:

Classic Care Services, Inc.

ARTICLE 2. PURPOSE

The purpose for which this Corporation is organized is the transaction of 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.

ARTICLE 3. INITIAL BUSINESS

The corporation initially intends to conduct the business of providing transportation services, house sitting services and elderly sitting services. Such initial intention shall in no manner whatever limit the character of the business which the Corporation may ultimately conduct.

ARTICLE 4. AUTHORIZED CAPITAL

The authorized capital stock of this Corporation shall be 500 shares of common stock, par value \$ 1.00 per share.

ARTICLE 5. REGISTERED AGENT

The name and address of the initial Registered Agent of the Corporation is:

OLLIE FIELDS 106 SUNFLOWER ROAD TALLAHASSEE, FLA. 32310

The principal address is the same as the registered office.

ARTICLE 6. BOARD OF DIRECTORS

The initial Board of Directors shall consist of one (1) director. The person who is to serve as director until the first annual meeting of the shareholders or until their successors are elected and qualified is: Ollie Fields, 106 Sunflower Rd. Tallahassee, Fl. 32310 as President/Vice President; otherwise, the number of persons to serve on the Board of Directors shall be fixed by the Bylaws of the Corporation.

ARTICLE 7. INCORPORATORS

The name and address of the incorporator of the Corporation is: Ollie Fields, 106 Sunflower Rd. Tallahassee, FL 32310 as President/Vice President

ARTICLE 8. DISTRIBUTION FROM CAPITAL SURPLUS

The Board of Directors of the Corporation may, from time to time, distribute to its shareholders out of, or purchase its own shares from, the capital surplus of the corporation.

ARTICLE 9. REPURCHASE OF SHARES

The Board of Directors of the Corporation may, from time to time, cause the Corporation to purchase its own shares to the extent of the unreserved and unrestricted earned and capital surplus of the Corporation.

ARTICLE 10. DIVIDENDS

The Board of Directors may authorize the payment of dividends to the holders of shares of stock payable in shares.

ARTICLE 11 INDEMNIFICATION OF OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS:

The corporation may indemnify officers, directors, employees or agents in accordance with applicable sections of the state statutes or any successor statute.

ARTICLE 12. LIMITATION OF LIABILITY

The liability of directors to the Corporation or its shareholders for monetary damages for breach of fiduciary duty is eliminated and or limited to the full extent permitted by law.

The undersigned incorporators have execute	ed these Articl	es of Incorporation	1
this # day of Pugust, 1999.	e- ·		
(100 in Tracala)			
I see The		- 1 *	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

CLASSIC CARE SERVICES, INC.

2. The name and address of the registered agent and office is:

Ollie Fields 106 Sunflower Rd. Tallahassee, Fl. 32310 SECHETARY OF STATE

99 AUG -5 PM 2: 00

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)

(Date)