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TRANSMITTAL LETTER

FILED

99 NOV 12 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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-11/12/99--01086--011
*****78.75 *****78.75

SUBJECT:

PROMISE NURSING CARE, INC.
(Proposed corporate name-must include suffix)

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
& Certified of
Status

ADDITIONAL COPY REQUIRED

FROM:

UCB ASSOCIATES, INC.
Name (Printed or typed)

6239 Edgewater Dr. Ste 13#1
Address

Orlando, FL 32810
City, State & Zip

407-523-0090
Daytime Telephone number

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

PH 11/15/99 ✓

ARTICLE OF INCORPORATION
OF
PROMISE NURSING CARE, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscriber to this Article of Incorporation, a natural person competent to contract, hereby form a corporation under the laws of the State of Florida

ARTICLE I. NAME

The name of the corporation shall be:

PROMISE NURSING CARE, INC.

ARTICLE II. NATURE OF BUSINESS

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida namely but not limited to provided assisted living and nursing care to the sick and the elderly. To provide all type of nursing care permitted under the United States laws and in particular state of Florida.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time shall be as follows: Ten Thousand (10,000) shares of common stock having a par value of \$1.00 per share. The consideration to be paid for each share shall be as fixed by the board of directors, and may take the form of services rendered, cash, property, or any other form deem satisfactory by the board of directors.

ARTICLE IV. INITIAL CAPITAL

The amount of capital with which this corporation will begin business shall not be less than Five Hundred Dollars (\$500.00).

ARTICLE V. TERM EXISTENCE

The corporation is to exist perpetually.

ARTICLE VI. ADDRESS

The initial street address of the principal office of the corporation in the State of Florida shall be: 116 Sterling Court Sanford, FL 32771. The board of directors may from time to time move the principal office to any other place or places as may be designated by the board of directors.

ARTICLE VII. DIRECTORS

The corporation shall have two directors initially. The number of directors may be increased or diminished from time to time, by by-laws adopted by the stockholders, but shall never be less than two.

At all times during which this corporation is authorized to have two directors, the term "board of directors" as used herein shall mean the two directors of this corporation.

ARTICLE VIII. DIRECTORS' POWERS

The board of directors shall have the power to fix or change salaries of the directors, as directors and as officers, to restrict the transfer of stock by stockholders, to indemnify directors and officers against liability for their good faith acts and omissions to permit contracts or other transactions between the corporation and one or more of its directors individually or business in which one or more of its directors are interested, and to exercise such other powers of the corporation as are not inconsistent with these articles or with any by-laws that may be adopted by the stockholders.

ARTICLE IX. ORIGINAL DIRECTORS

The name and street address of the initial board of director is:

NAME

ADDRESS

Pameka L. Hunt

116 Sterling Court Sanford, FL 32771

ARTICLE X. SUBSCRIBERS

The name and address of the subscriber to this Article of Incorporation is:

NAME

ADDRESS

Pameka L. Hunt

116 Sterling Court Sanford, FL 32771

ARTICLE XI. REGISTERED OFFICE AND REGISTERED AGENT

The street address of the office registered for the corporation shall be c/o Pameka L. Hunt 116 Sterling Court Sanford, FL 32771. The initial registered agent shall be Pameka L. Hunt.

ARTICLE XII. AMENDMENTS

The corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation in the manner now or hereafter prescribed by law, and all rights conferred on stockholders herein are granted and subject to this reservation.

IN WITNESS WHEREOF, I, the undersigned subscriber, have hereunto set our hand and seal, this 8th day of NOVEMBER, 1999, for the purpose of forming this corporation under the laws of the State of Florida, and do hereby make and file in the office of the Secretary of the State of Florida these Articles of Incorporation and certify that the facts herein stated are true.

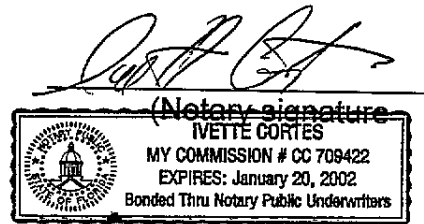


STATE OF FLORIDA

COUNTY OF Orange

I hereby certify that on this day, before me, a notary public, duly authorized in the state and county named above to take acknowledgments, personally appeared Pameka L. Hunt to me known to be the persons described as subscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that the subscribed to these Articles of Incorporation.

Sworn to and subscribed before me this 8th day of November 1999, by Pameka L. Hunt.



Notary Public, State of Florida

Personally know to me _____

Produced Identification Yes

Type ID Drivers' License

**CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the office/registered agent, in the State of Florida.

1. The name of the corporation is:

PROMISE NURSING CARE, INC.

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

Pameka L. Hunt 116 Sterling Court Sanford, FL 32771

Signature 
(Corporate Officer)

Title PRESIDENT

Date 11-8-99

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCES OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE 
Registered Agent

DATE 11-8-99