

LIMITED POWER OF ATTORNEY

I. THE PARTIES. This Limited Power of Attorney (“Power of Attorney”) created on the undersigned date, is between the following:

PRINCIPAL: _____ “Principal”) with a mailing address of: _____ do hereby grant a limited and specific powers to:

AGENT: Caregiverhelper.net (owned by FJS Group, LLC) (“Agent”) with a mailing address of 1830 Radius Drive #1314, Hollywood, FL 33020 who shall have the full power and authority to undertake and perform the following acts mentioned in this Power of Attorney.

II. THE POWERS. The Principal authorizes the Agent to handle the following actions on their behalf: to deal with hospitals, medical doctors and their staff, all medical personnel, pharmacies, transportation companies and individuals, insurance companies, food service providers, and stores and markets.

The authority granted herein shall include such incidental acts as are reasonably required to carry out the aforementioned powers given by the Principal. The Agent certifies and accepts this appointment subject to its terms and agrees to act and perform in said capacity consistent with the Principal’s best interest.

III. EFFECTIVE DATE.

This power of attorney is effective immediately upon execution and will continue until termination.

IV. TERMINATION. This Power of Attorney shall terminate:

- By the Principal authorizing a revocation that references this document.

In addition to the aforementioned termination conditions, this Power of Attorney shall be automatically revoked upon the death or incapacitation of the Principal, provided any person relying on this document shall have the full rights to accept and reply upon the authority of the Agent until in receipt of actual notice of revocation.

V. GOVERNING LAW. This Power of Attorney shall be governed under the laws located in state of residence of client.

VI. EXECUTION. IN WITNESS WHEREOF, I, the Principal, have executed this Power of Attorney on [DATE].

Principal's Signature: _____

STATE OF:

County of:

The foregoing instrument was acknowledged before me by means of physical presence

this date: _____

by _____ who is personally known to me or who has

produced _____ as identification.

Notary Public

My commission expires: