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TRANSMITTAL LETTER

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

SUBJECT: Vers	sacorp Care, Inc.		
white the same of	(PROPOSED CORPORA	TENAME – <u>Musteino</u> d	UDDISUITAX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	2 \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy. & Certificate of Status PY REQUIRED
FROM: ^J	ohn Kelleher		
	Name	(Printed or typed)	
	7576 Cedar Hurst Court		
	4	Address	
	Lake Worth FL 33467		
	City,	State & Zip	
	561 721-9480		• • • • • • • • • • • • • • • • • • •
	Daytime T	elephone number	

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

ARTICLES OF INCORPORATION

· In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Versacorp Care, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 7576 Cedar Hurst Court
Lake Worth, FL 33467

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide property maintenance.

ARTICLE IV SHARES

The number of shares of stock is:

One thousand (1,000) common shares, no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

John Kelleher 7576 Cedar Hurst Court Lake Worth FL 33467

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

John Kelleher 7576 Cedar Hurst Court, Lake Worth, FL 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

John Kelleher 7576 Cedar Hurst Court., Lake Worth, FL 33467

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