

PO8000014821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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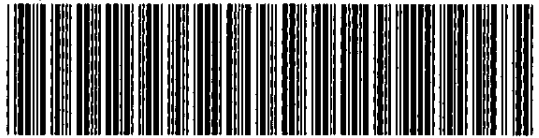
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AK
2-11-08

COVER LETTER

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

SUBJECT: ADULTCARE INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Stephen A Bruno

Name (Printed or typed)

4800 Lyons Technology Parkway STE 4

Address

Coconut Creek, FL 33073

City, State & Zip

954 419 1008 x123

Daytime Telephone 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:

ADULTCARE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4800 Lyons Technology Parkway STE4, Coconut Creek FL 33073

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Information, research and programs for caregivers

ARTICLE IV SHARES

The number of shares of stock is:

1000 Shares no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Stephen A Bruno - President
4800 Lyons Technology Parkway STE4
Coconut Creek FL 33073

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

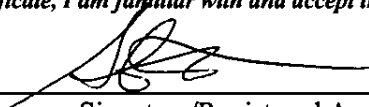
Stephen A Bruno - President
4800 Lyons Technology Parkway STE4
Coconut Creek FL 33073

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Stephen A Bruno - President
4800 Lyons Technology Parkway STE4
Coconut Creek FL 33073

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

2/5/08
Date

2/5/09
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA