

P17000094213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

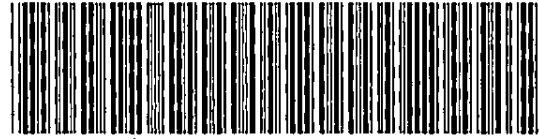
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W17-91151

Office Use Only



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11/14/17--01028--016 \*\*122.50

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TALLAHASSEE, FLORIDA  
OFFICE OF STATE  
ATTORNEY GENERAL

T. BURCH  
NOV 28 2017

COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: WE CARE OF FLORIDA, "L.L.C."  
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

LOLITA GEORGE  
Contact Person

WE CARE OF FLORIDA, "L.L.C."  
Firm/Company

12620 BEACH BLVD, SUITE 3, #258  
Address

JACKSONVILLE FL 32246  
City, State and Zip Code

lclg@comcast.net  
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOLITA GEORGE at ( 904 ) 382-8570  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees
- \$113.75 Filing Fees and Certificate of Status
- \$113.75 Filing Fees and Certified Copy
- \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
New Filings Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 15, 2017

LOLITA GEORGE  
12620 BEACH BLVD STE 3, #258  
JACKSONVILLE, FL 32246

SUBJECT: CORPORATE CARE OF JACKSONVILLE FLORIDA, INC.  
Ref. Number: W17000091151

We have received your document for CORPORATE CARE OF JACKSONVILLE FLORIDA, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist III

Letter Number: 617A00023161

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

WE CARE OF FLORIDA "L.L.C." 417-229493  
Enter Name of Other Business Entity

2. The "Other Business Entity" is a limited liability company  
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA  
(Enter state, or if a non-U.S. entity, the name of the country)

on NOVEMBER 06, 2017  
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

FLORIDA

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

CORPORATE CARE OF JACKSONVILLE FLORIDA, INC.  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
17 NOV 27 PM 2:57  
FILED

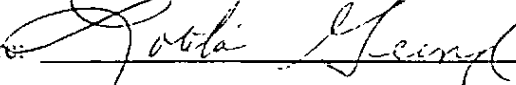
Signed this 8<sup>th</sup> day of NOVEMBER, 2017.

**Required Signature for Florida Profit Corporation:**

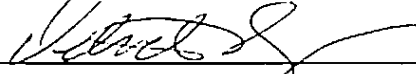
Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: \_\_\_\_\_

Printed Name: LOLITA GEORGE Title: CEO

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: 

Printed Name: LOLITA GEORGE Title: CEO

Signature: 

Printed Name: VELVET V. GEORGE Title: TREA

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

**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: CORPORATE CARE OF JACKSONVILLE FLORIDA, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address

12355 FINNS COVE TRAIL

JACKSONVILLE FL 32246

Mailing address, if different is:

12620 BEACH BLVD, SUITE 3, #258

JACKSONVILLE FL 32246

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

WE ARE A TEAM CALLED BY GOD TO GO INTO THE MARKET-  
PLACE AS SERVANTS OF GOD AND CAREGIVERS TO THOSE IN  
THE WORK-PLACE WHO MAY NEVER GO TO A WORSHIP  
PLACE.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: LOHITA GEORGE / CEO

Name and Title: VELVET V. GEORGE / TREA

Address: 12620 BEACH BLVD, SUITE 3 #258  
JACKSONVILLE FL 32246

Address: 12620 BEACH BLVD, SUITE 3 #258  
JACKSONVILLE FL 32246

Name and Title: CASHMIRE C. LEVY / SEC

Name and Title: BRIAN A. GEORGE / MGR

Address: 12620 BEACH BLVD, SUITE 3 #258  
JACKSONVILLE FL 32246

Address: 12620 BEACH BLVD, SUITE 3 #258  
JACKSONVILLE FL 32246

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: LOHITA GEORGE

Address: 12620 BEACH BLVD, SUITE 3, #258  
JACKSONVILLE FL 32246

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LOHITA GEORGE

Address: 12620 BEACH BLVD, SUITE 3 #258  
JACKSONVILLE FL 32246

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TALLAHASSEE, FLORIDA

\*\*\*\*\*

*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*

*Lohita George*  
Required Signature/Registered Agent

11-8-17  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

*Lohita George*  
Required Signature/Incorporator

11/18/17  
Date