

NO2000002011

TRANSMITTAL LETTER

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

APPROVED
AND
FILED
02 MAR 20 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: HickmanCare Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

800005136798--7
-03/20/02--01053--011
*****87.50 *****87.50

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
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Martha Hickman / Hickman Care INC.
Name (Printed or typed)

36 Granny Ln P.O Box 426
Address

Quincy Fla 32353
City, State & Zip

(850) 875-3810
Daytime Telephone number

RECEIVED
02 MAR 20 PM 12:14
DIVISION OF CORPORATIONS

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

gjs/20

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

HickmanCare, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

36 Granny Ln. P.O. Box 426 Quincy Fla 32353

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Extend More Service For More
Disable people that's Need the Service

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

Martha Hickman - D 36 Granny Ln. P.O. Box 426 Quincy Fla 32353
Willie Hickman - D
Sophia Gee - D

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Martha Hickman 36 Granny Ln. P.O. Box 426
Quincy Fla 32353

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

HickmanCare/INC
Martha Hickman - P.O. Box 426 Quincy Fla.
32353

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.

Martha Hickman Martha Hickman
Signature/Registered Agent

3/21-02
Date

HickmanCare/INC HickmanCare Inc
Signature/Incorporator

3/21-02
Date

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