

N0700000653/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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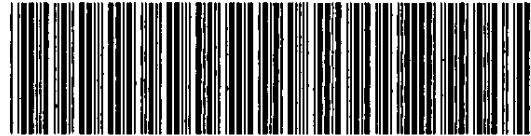
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE JUL 2-2 2007

COVER LETTER

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

SUBJECT: Unlimited Care, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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: Sharyl Johnson
Name (Printed or typed)

389 King St
Address

Jacksonville, FL 32204
City, State & Zip

904-504-0257
Daytime Telephone number

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

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

ARTICLE I NAME

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

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ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
Unlimited Care, Inc.
389 King St
Jacksonville, FL 32204

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Corporation is a non-profit corporation organized under Chapter 617, Florida Statutes. It is not organized for the private gain of any person. The specific purpose of this corporation is to:

- (a) To provide quality Homecare.
 - (b) To provide this service to low-income and disadvantaged people.
- To render all services and advice related above.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The initial board of directors shall consist of no members at this time. However, the manner of election will be stated in the by-laws.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Sharyl Johnson, President
389 King St
Jacksonville, FL 32204

Steve Jennings, Vice President
389 King St
Jacksonville, FL 32204

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Sharyl Johnson
389 King St
Jacksonville, FL 32204

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sharyl Johnson
389 King St
Jacksonville, FL 32204

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

5/14/2007

Date



Signature/Incorporator

5/14/2007

Date