

NO8000000935

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

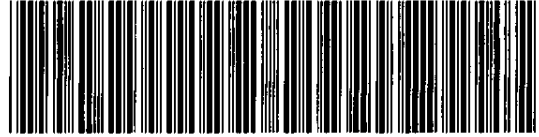
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800142130218

01/29/09--01020--008 \*\*78.75

FILED

2009 JAN 29 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*  
30

COVER LETTER

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

SUBJECT: WE CARE OF HUNTINGTON POINTE, 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: ROBERT J. CRISC I  
Name (Printed or typed)

6037 POINTE REGAL CIRCE 306  
Address

DELRAY BEACH, FL 33484  
City, State & Zip

361-865-0356  
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)

FILED  
2009 JAN 29 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

WE CARE OF HUNTINGTON POINT INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

6037 POINTE REGAL CIRCLE, #306  
DELRAY BEACH, FL 33484

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

NEIGHBOR HELPING NEIGHBOR  
FOR MEDICAL TRANSPORTATION

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

ANNUAL MEETING

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

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

BOB CRISCI - PRESIDENT  
JOAN COPLAN - SECRETARY  
BERNICE BERKOFF - TREASURE

6037 PTE REGAL CIR  
6060 KINGS GATE CIR  
6121 PTE REGAL CIR  
DELRAY BEACH, FL  
33484

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

BOB CRISCI  
6037 POINTE REGAL CIRCLE, #306  
DELRAY BEACH, FL 33484


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

BOB CRISCI  
6037 POINTE REGAL CIRCLE  
DELRAY BEACH, FL

\*\*\*\*\*

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

Robert J. Crisci

Signature/Incorporator

1-26-09

Date

1-26-09

Date