## N09000001309

(Requestor's Name)
(Address)
(Address)
(riddiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(200
Codification Codification of Outside
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

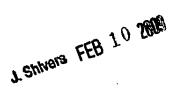
Office Use Only



800142991118

02/09/09--01037--004 \*\*78.75





## **COVER LETTER**

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

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 ·

\$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

561 - 265 - 2567

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:	,			
The name of the corporation shall be:  Pines of Delvay E: We Care in the	•			
ARTICLE II PRINCIPAL OFFICE				
The principal <u>street</u> address and mailing address, if different is:				
De ray Beach, Fl. 33445  ARTICLE III) PURPOSE  The purpose for which the corporation is organized is:  Neighbor helping neighbor	SECRETARY TALLAHASSE	2009 FEB -9	distance in the second	
Neighbor helping neighbor Medical transport	OF ST	PH 12: 08		
ARTICLE IV MANNER OF ELECTION				
The manner in which the directors are elected or appointed:	· > 14	<b>O</b>	•	
Anoval reeting				
Ann car				
ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS  List name(s), address(es) and specific title(s):  Nancy Slack - Pres. 2520 Junyar  Andrea Mamorsky - V 1020 Citrus Wa	Dri	De	elra	1 Bea
Andrea Mamorsky - V 1020 Citrus Wa	ry B	elva	y Bea	_ch <sub>j</sub> 33445
Trudy Rice - T IIII Boxwood Pro Del ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent in Nancy Slack  2520 Funiper Dr. Delray Beach, Fl 33445	ray 1	Sca (	h, Fl	324yj
ARTICLE VII INCORPORATOR The name and address of the Incompositor is:				
The name and address of the Incorporator is:  Nancy 5/ack				
2520 Jon Iper Dr.				
Delvay Bead G 33495	*****	*****	k	
laving been named as registered agent to accept service of process for the above stated corporation a	t the place	designa	teđ	
n this certificate, I am familiar with and accept the appointment as registered agent and agree to act i	in this capa /	iotty.		
Janey L. Slack P 1	128	09		
Signature/Registered Agent Date /	. / 50	1,0	>	
Tancy & Slach	. 128	<u> </u>		
Signature/Mcorporator Date	/ /			
Vancy L. Slack				