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(Requestor's Name) (Address) (Address)	200160624632
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	09/23/0901007007 **7
(Business Entity Name) (Document Number)	09 SEP 23
Certified Copies Certificates of Status	AH IO: 30

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Special Instructions to Filing Officer:

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Add. Information

in article IV



COVER LETTER

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

		,		
SUBJECT:	Teresa Cares	Inc		
SUBJECT: Teresa Cares Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
England is an arisinal a		la CT	1 1 6	
Enclosed is an original a	and one (1) copy of the Artic	les of incorporation and	a check for :	
\$70.00	\$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee & Certificate of	Filing Fee & Certified Copy	Filing Fee, Certified Copy	
	Status	a certified copy	& Certificate	
		ADDITIONAL CO	PY REQUIRED	
		<u> </u>		
•	T	0.41	·	
FROM: Teresa L. Rittman Name (Printed or typed)				
··,				
3535 Roberts Ave #173 Address				
Talla. FL 32310 City, State & Zip				
Cily, State & Zip				
(850) 575-0481 Daytime Telephone number				
	_	ture annual report notificatio		

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: Tevesa Cares In C
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 3535 Roberts Ave #173 Talla., FL 32318
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Elderly and Uphrange Assisted living facility.
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed: As stated in bi-laws
ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS List name(s), address(es) and specific title(s): Teresa L. Ri Hman, CED 3535 Roberts Ave #173 Talla, FL 32310
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Teresa L. Ri Hman 3535 Ruberts Ave #173 Talla, FL 32310 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Teresa L. Ri Hman 3535 Ruberts Ave #173 Talla, FL 32310 ***********************************
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. 1
Signature/Incorporator Date