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10 MAR 29 PM 12: 59
SECRETARY OF STATE
TALLAHASSEE, FLORID

PP 3/30/10

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RECEIVED 10 MAR 29 PH 12: 05

TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE WISION OF CORPURATIONS

March 22, 2010

MURAT GABRIEL***3RD MAILING*** 5182 NORMA ELAINE RD. WEST PALM BEACH, FL 33417

SUBJECT: RACINE CARE PROGRAM

Ref. Number: W10000009465

We have received your document for RACINE CARE PROGRAM and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

Please complete Article(s) I through VII.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson Regulatory Specialist II New Filing Section

Letter Number: 010A00004639



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 10, 2010

MURAT GABRIEL 5182 NORMA ELAINE RD. WEST PALM BEACH, FL 33417

SUBJECT: RACINE CARE PROGRAM

Ref. Number: W10000009465

We have received your document for RACINE CARE PROGRAM and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

Please complete Article(s) I through VII.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson Regulatory Specialist II New Filing Section

Letter Number: 010A00004639

10 MAR 19 PM 4: 23



RECEIVED

10 MAR -8 PM 3:57

FLORIDA DEPARTMENT OF STATE LPARIMENT OF STATE Division of Corporations

PLEARIMENT OF STATE DIVISION OF CORPORATIONS TAI LAHASSEE, FLORIDA

February 24, 2010

MURAT GABRIEL 5182 NORMA ELAINE RD. WEST PALM BEACH, FL 33417

SUBJECT: RACINE CARE PROGRAM

Ref. Number: W10000009465

We have received your document for RACINE CARE PROGRAM and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson Regulatory Specialist II New Filing Section

Letter Number: 010A00004639

COVER LETTER

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

SUBJECT: _	Racine	Care	Pro	gram	10C	•			
	(PRO	POSED CORPO	ORATE	NAME – <u>MUS</u>	T INCLUD	E SUFFIX)			
Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :									
\$70 Filing	•	\$78.75 Filing Fee & Certificate of Status	ļ	\$78.75 Filing Fee & Certified	I Сору	\$87.50 Filing Fee, Certified Copy & Certificate			
				ADDITIONAL COPY REQUIRED					
FROM: Murat Gabriel Name (Printed or typed) 5182 Norma Elaine road Address									
	West Palm Beach FL. 33417 City, State & Zip								

E-mail address: (to be used for future annual report notification)

561 689-0059

Daytime Telephone number

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

•	ARTIC	CLES OF INCO	RPORATION	I	A STATE OF THE STA
	In Complian	ce with Chapter 617	7, F.S., (Not for F	rofit) . 🚖	2
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	ne of the corporation shall be:	Racine	Care fro	gram In	See
ARTIC	LE II PRINCIPAL OFFIC	E			
	ncipal street address and maili	ng address, if differe	nt is:		RATE D
	5182 Norma E West	ilaine roa alm Beac	d L Fl. 33	417	7
ARTIC	CLE III PURPOSE		ام مام د	Jaken a	ind person
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	CLE III PURPOSE pose for which the corporation is CLE IV MANNER OF ELE nner in which the directors are ele	h	andycap	in Hait	, and also
ARTIC	LE IV MANNER OF ELE	CTION		ha ha H	o President
The ma	nner in which the directors are el	ected or appointed:	Choose	71 00 41	<u>10 , 1:</u>
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ARTIC	LE V INITIAL DIRECTO	RS AND/OR OFFI	<u>CERS</u>	,	00 000
List nan	ne(s), address(es) and specific tit	of 15187 N	ocina Ele	une road	W. 4.12.11. 234
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Signature/	Registered Agent			Date	
11.	+ X - L D			03.03.10	>
Signature/	Incorporator			Date	·
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ARTICLES OF INCORPORATION