

N12000010913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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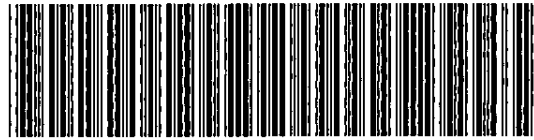
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 11/20

COVER LETTER

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

SUBJECT: **DIRECT CARE TEAM, 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. Sherman**

Name (Printed or typed)

225 Glenbriar Circle

Address

Daytona Beach, FL 32114

City, State & Zip

386-547-0750

Daytime Telephone number

bsherman27@gmail.com

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

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: Direct Care Team, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
225 Glenbriar Circle
Daytona Beach, Florida 32114-7147

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to raise funds for various charities.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed

Vote by founder(s), Director.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert J. Sherman Director

Address: 225 Glenbriar Circle
Daytona Beach, Florida 32114-7147

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Robert J. Sherman

Address: 225 Glenbriar Circle
Daytona Beach, Florida 32114-7147

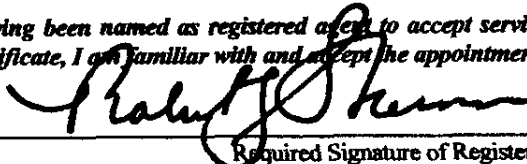
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert J. Sherman

Address: 225 Glenbriar Circle
Daytona Beach, Florida 32114-7147

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

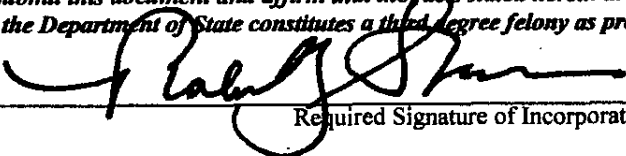


Required Signature of Registered Agent

November 15, 2012

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

November 15, 2012

Date

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12 NOV 19 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA