

N130000008155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

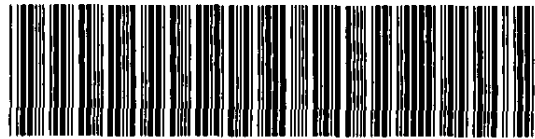
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700250513467

09/13/13--01001--018. **79.00

RECEIVED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2013 SEP 12 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 SEP 12 PM 4:52

APPROVED
AND
FILED

9/12

COVER LETTER

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

SUBJECT: A Unique Touch of Care, 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: Judith Laguerre
Name (Printed or typed)

2500 Merchants Row Blvd
Address

TIN, FL, 32311 Apt # 68
City, State & Zip

(305) 542-4986
Daytime Telephone number

Judith Laguerre@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: A Unique Touch of Care, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2500 Merchants Row Blvd

Tallahassee, FL 32311

Apt # 68

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide basic health care needs for the mental and/or development disabled individuals. To work in close collaboration w/ the interdisciplinary team of professionals to implement a great program of daily care, which will maintain and restore a state of health and promote optimal development for each client to live value lives in their community.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: #1 initiator of the company being incorporated; thereafter by educational & experience.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Judith Laguerre Dir Name and Title: _____

Address: 2500 Merchants Row Blvd Address: _____

Tlh, FL 32311

Apt # 68

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE
FLORIDA

13 SEP 12 PM 4:52

APPROVAL
AND
FILED

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name:

Judith Laguerre

Address:

2500 merchants Row Blvd
Tth, FL 32311 #68

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

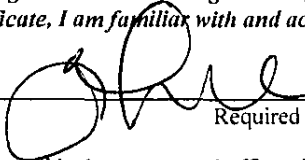
Name:

Judith Laguerre

Address:

2500 merchants Row Blvd
Tth, FL 32311 #68

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

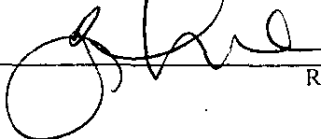


Required Signature of Registered Agent

9/12/13

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

9/12/13

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 SEP 12 PM 4:52

APPROVED
AND
FILED