

N15000002927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

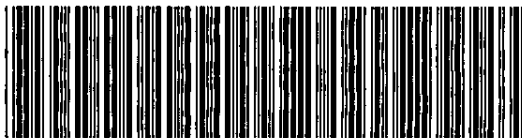
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/19/15--01021--002 **87.50

FILED

15 MAR 20 PM 3:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

3-20/ms

COVER LETTER

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

SUBJECT: **ADVANCED CARE SERVICES, 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: **GAYON D. DUNN**
Name (Printed or typed)

6151 MIRAMAR PARKWAY #310
Address

MIRAMAR, FL 33023
City, State & Zip

305-308-2728
Daytime Telephone number

info@advancedcareservices.org
E-mail address: (to be used for future annual report notification)

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

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: GAYON D DUNN

Address: 6151 Miramar Parkway,
Suite 310, Miramar FL 33023

FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

15 MAR 20 PM 3:46

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GAYON D DUNN

Address: 6151 Miramar Parkway
Suite 310, Miramar FL 33023

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

Gayon D Dunn
Required Signature of Registered Agent

2/17/15
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.

Gayon D Dunn
Required Signature of Incorporator

2/17/15
Date

ADVANCED CARE SERVICES, INC.

. 305-308-2728

www.advancedcareservices.org.

Email: info@advancedcareservices.org

March 9, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

Re: ADVANCED CARE SERVICES INC.

The letters, INC. was inadvertently omitted on the application. Please find the corrected ARTICLES OF INCORPORATION which indicates that this entity is a Corporation.

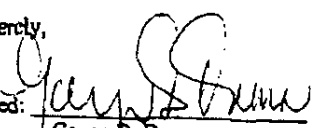
ADVANCED CARE SERVICES INC has no connection to the administratively dissolved ADVANCE CARE SERVICES LIMITED LIABILITY COMPANY.

I am hereby requesting that the entity be granted corporate status.

Should you have any further questions I can be reached at 305-308-2728.

Sincerely,

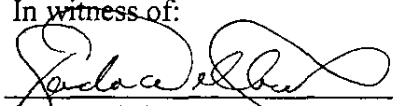
Signed:


Gayon D. Duan

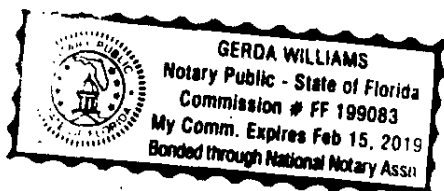
3/9/15
Date

Notary:

In witness of:


Gerda Williams

3/9/15
Date





FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2015

GAYON D. DUNN
6151 MIRAMAR PARKWAY #310
MIRAMAR, FL 33023

SUBJECT: ADVANCED CARE SERVICES
Ref. Number: W15000012993

We have received your document for ADVANCED CARE SERVICES and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 115A00003751