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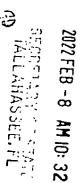
Requestor's Name)	
Address)	
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,	
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WAIT	MAIL
Business Entity Name)	
Document Number)	
Certificates of	Status
Commences of	<u></u>
Filing Officer:	
	Address) Address) City/State/Zip/Phone #) WAIT Business Entity Name) Cocument Number) Certificates of

Office Use Only



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COVER LETTER

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

SUBJECT: _	Teresa	(ares	Inc	
	(PROPOSED COR	PORATE 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

□ \$87.50

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Teresa L. Rithman
Name (Printed or typed)

3535 Roberts Ave #173
Address

Tallahassee R 32310

City, State & Zip

(850) 575-0481

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:	oresa Cares	s Inc
ARTICLE II PRINCIPAL OFFICE		
Principal <u>street</u> address: 3535 Robe/-IS	Ave #173	Mailing address, if different is:
Talahassee R	37310	
ARTICLE III PURPOSE The purpose for which the corporation is organ [Vryg fac:]+1	nized is: Elderly	and Ophrange Assist
IN BIAWS		rectors are elected and appointed: AS Stuted
Name and Title: Jeresa C. Ritt Address 3535 Ruberts	OR DIRECTORS CEO Name and Title	le:
Address 3535 Ruberts	Ave #173 Address:	
Tallahassee F	<u> 3731</u> 0	
Name and Title:	Name and Titl	1022 FE
Address		8-8 ASS: FE
Name and Title	Name and Titl	## 10: 32
Address	Address:	

Name and Title:_	Name and Title:	
Address	Address:	
Name and Title:_	Name and Title:	
Address	Address:	
_		
	· · · · · · · · · · · · · · · · · · ·	
ARTICLE VI The name and Flo	orida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	Teresa (. Rithman	
Address:	3535 Roberts Ave #173	
	Jallahassee 12 32310	
	INCORPORATOR Idress of the Incorporator is:	
Name:	Teresa L. Rithman 3535 Roberts Ave #173 Inllahassee T 32310	
Address:	3535 Roberts Ave =173	
	Jullahassee R 32310	
ARTICLE VIII Effective date, if (If an effective d	EFFECTIVE DATE: other than the date of filing:	vs after the filing.)
Note: If the date	inserted in this block does not meet the applicable statutory filing requirements, this date wil tive date on the Department of State's records.	
	ned as registered agent to accept service of process for the above stated corporation at the familiar with and accept the appointment as registered agent and agree to act in this capacity.	place designated in this
	Required Signature of Registered Agent	Date
	iment and affirm that the facts stated herein are true. I am aware that any false information surf State constitutes a third Regrec felony as provided for in s.817.155, F.S.	ibmitted in a document to
	Required Signature of Incorporator	Date