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SECRETARY OF STATE
TALLAHASSEE, FL

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TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Teresa Cares 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: Teresa L. Rittman
Name (Printed or typed)

3535 Roberts Ave #173
Address

Tallahassee FL 32310
City, State & Zip

(850) 575-0481
Daytime Telephone number

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: Teresa Cares Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3535 Roberts Ave #173
Tallahassee FL 32310

Mailing address, if different is:

" "

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Elderly and Ophrange Assisted
Living facility

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As stated
in Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Teresa L. Rittman CEO Name and Title: _____

Address: 3535 Roberts Ave #173 Address: _____
Tallahassee FL 32310

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FL

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: Teresa L. Rittman

Address: 3535 Roberts Ave #173
Tallahassee FL 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Teresa L. Rittman

Address: 3535 Roberts Ave #173
Tallahassee FL 32310

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Teresa L. Rittman

Required Signature of Registered Agent

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.

Teresa L. Rittman

Required Signature of Incorporator

Date