

N22000010840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

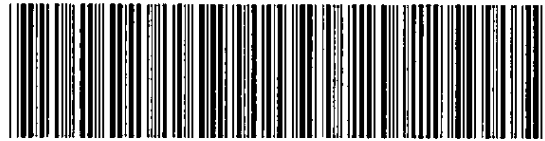
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SECRETARY OF STATE
TALLAHASSEE, FL 32399

COVER LETTER

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

SUBJECT: Bush Care's 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: Tara Hudson
Name (Printed or typed)

614 E. 7th Street
Address

Panama City, FL 32401
City, State & Zip

850-320-2614
Daytime Telephone number

birthofthebush@yahoo.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: Bush Cares Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

614 E. 7th Street
Panama City, FL 32401

Mailing address, if different is:

P.O. Box 236
Havana, FL 32333

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Local Charity

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Tara Hudson - D</u>	Name and Title:	_____
Address:	<u>614 E. 7th St.</u>	Address:	_____
	<u>Panama City, FL 32401</u>		_____

Name and Title:	<u>Tabora Gaines - D</u>	Name and Title:	_____
Address:	<u>614 E. 7th St.</u>	Address:	_____
	<u>Panama City, FL 32401</u>		_____

Name and Title:	<u>Arrica Bryant - D</u>	Name and Title:	_____
Address:	<u>614 E. 7th St.</u>	Address:	_____
	<u>Panama City, FL 32401</u>		_____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Tara Hudson
Address: 614 E. 7th St.
Panama City, FL 32401

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

b. name and address of the Incorporator is:

Name: Tara Hudson
Address: 614 E. 7th St.
Panama City, FL 32401

ARTICLE VIII EFFECTIVE DATE:

c. 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 agent'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.

Tara Hudson
Required Signature of Registered Agent

9-21-22
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.

Tara Hudson
Required Signature of Incorporator

9-21-22
Date