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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2023

VIP CARE COORDINATOR'S
4711 MERLE PLACE
LAKE WORTH, FL 33463 US

SUBJECT: VIP CARE COORDINATORS
Ref. Number: W23000035930

We have received your document for and your check(s) totaling $78.75. 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.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

Letter Number: 523A00006097

correction MADe
Please see Attached

February 21, 2023

To Whom It May Concern:

Please accept this written notice that I, Patricia Jones, of VIP Care Coordinators, Inc. registered in Sunbiz with document number P20000085879, do hereby release the name VIP Care Coordinators, Inc. This name is officially released by me to me as of 3/15/23.

I have mistakenly filed incorrect documents when registering, and have included dissolution documents as instructed. Should you need further information please reach out to at the number provided below.

Thank you for your assistance in this matter.

Sincerely,

Patricia Jones

Patricia Jones

561-509-4126

Imani Turner

IMANI NIA TURNER
Notary Public - State of Florida
Commission # HH 038228
My Comm. Expires Aug 31, 2024
Bonded through National Notary Assn.

21 February 2023

COVER LETTER

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

SUBJECT: VIP Care Coordinators, 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: VIP Care Coordinator's
Name (Printed or typed)

4711 Merle Place
Address

Lake Worth, Florida 33463
City, State & Zip

5615094126
Daytime Telephone number

vip.inccares@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: VIP Care Coordinators INC. P.J. 3/30/23 3/30/23

ARTICLE II PRINCIPAL OFFICE

Principal street address:	Mailing address, if different is:
1021 S 14th Court	4711 Merle Place
Lantana , Florida 33462	Lake Worth, Florida 33463

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide safe, substance free housing to homeless individuals who have struggles with Substance Use Disorder, and empowering them with the tools to maintain abstinence and become product members of society

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Jerome Harmon, Jr. Director	Name and Title:	Victoria Singleton, Initial Officer D
Address	4711 Merle Place Lake Worth, Fl. 33463	Address:	4711 Merle Place, Lake Worth, Fl 33463
Name and Title:	Judy Harris, Director	Name and Title:	
Address	717 Talladega St. West Palm Beach, FL 33405	Address:	
Name and Title:		Name and Title:	
Address		Address:	

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: Patricia Jones, Registered Agent

Address: 4711 Merle Place

Lake Worth, FL 33463

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Patricia Jones

Address: 4711 Merle Place

Lake Worth, FL 33463

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3/15/2023 (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

Patricia Jones
Required Signature of Registered Agent

2-21-23
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.

Patricia Jones
Required Signature of Incorporator

2-21-23
Date

FILED
2025 JAN 27 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA