

PD/0000051581
TRANSMITTAL LETTER
FILED

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

01 MAY 17 AM 8:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

100004243581-7
-05/18/01-01015-003
*****78.75 *****78.75

SUBJECT: BOB MAR HEALTHCARE 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: ROBERT C KING III.
Name (Printed or typed)

1312 PADDOCK COURT
Address

TALSON SPRINGS FLA 34689
City, State & Zip

727-410-9948.
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

BOBMAN HEALTHCARE SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1312 PADDOCK COURT Tarpon Springs FLA,
34689

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTH CARE PROVIDER.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

ROBERT C KING III
1312 PADDOCK COURT
TARPO SPRINGS FLA- 34689.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROBERT C KING III
1312 PADDOCK COURT
TARPO SPRING FLA 34689.

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

Signature/Registered Agent

Date

5-15-01

Signature/Incorporator

Date

5-15-01.

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