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TRANSMITTAL LETTER

FILED

01 NOV 15 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****78.75 *****78.75

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

SUBJECT: MastuCare 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: Donna Allred
Name (Printed or typed)

1178 Sunlight Ct
Address

St Cloud, FL 34771
City, State & Zip

407-892-4020
Daytime Telephone number

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

D. WHITE NOV 19 2001

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: Master Care Services Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 1178 Sunlight Ct
St Cloud, FL 34771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Plumbing Services

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Donna Allred P

ARTICLE VI REGISTERED AGENT

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

Donna Allred
1178 Sunlight Ct
St Cloud, FL 34771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Donna Allred
1178 Sunlight Ct
St Cloud FL 34771

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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

Donna Allred
Signature/Registered Agent

11-12-01
Date

Donna Allred
Signature/Incorporator

11-12-01
Date