P020000649953

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

*****87.50 *****87.50

SUBJECT:		TE NAME - MUST INCL	
,			
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
S70.00 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 CO	DPY REQUIRED
FROM:	SUSAN A ST	e (Printed or typed)	
,	2867 Long	VIEW DRIVE	
-	CLEARWATER	2, FL 337 7, State & Zip	61
	727.669.4	209	
William Statze UTHORIZATION BY PHONE	GAVE	Telephone number	
ORRECT Shares ATE 6-25-02. OC. EXAM D-White		 	· · · · · · · · · · · · · · · · · · ·

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)	
	FILED
The name of the corporation shall be:	02 JUN 24 PM 2: 28
The name of the corporation shall be: SECURE CARE MANAGEMENT, INC.	SECRETARY OF STATE TALLAHASSEE FLORIDA
	MALLAMASSEE FLURIUA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2867 LONG VIEW DRIVE	growth and the second
CLEARWATER, FL 33761	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	- · · · · · · · · · · · · · · · ·
GERIATRIC CARE MANAGEMENT	
ARTICLE IV SHARES The number of shares of stock is: 5N E	-
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	
The name(s) addragg(es) and title(s):	
SURAL A STOTZER - PRESIDENT	
2867 LONG VIEW DRIVE	
CLEARWATER, FL 33761	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	
SUSAN A STOTZER	
2867 LONG VIEW DRIVE	
CLEARWATER FL 33761	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
SUSAN A STOTZER 2867 LONG VIEW DRIVE	
CLEARWATER, FL 3376	
********************************	*****
Having been named as registered agent to accept service of process for the above stated corporation at the periodicate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	

Signature/Registered Agent

Signature/Incorporator