

# PD2000108140

## TRANSMITTAL LETTER

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
OCT -4 AM 9:14

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

700008206657--5  
-10/04/02--01046--003  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: BUSINESS PLANNING WITH CARE, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: ROBERT L BIFERIE  
Name (Printed or typed)

301 N PINE MEADOW DR, SUITE A  
Address

DEBARY, FL 32713-2304  
City, State & Zip

(386) 668-6809  
Daytime Telephone number

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

D. WHITE OCT - 8 2002

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TALLAHASSEE, FLORIDA

02 OCT -4 AM 9: 14

## 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:

BUSINESS PLANNING WITH CARE, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

301 N PINE MEADOW DR, SUITE A  
DEBARY, FL 32713-2304

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS WHICH A CORPORATION IS PERMITTED TO  
CONDUCT IN THE STATE OF FLORIDA.

### ARTICLE IV SHARES

The number of shares of stock is:

(10,000)TEN THOUSAND

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

### ARTICLE VI REGISTERED AGENT

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

ROBERT L BIFERIE  
301 N PINE MEADOW DR, SUITE A  
DEBARY, FL 32713-2304

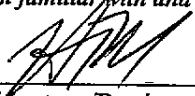
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

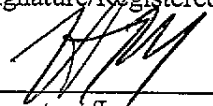
ROBERT L BIFERIE  
301 N PINE MEADOW DR, SUITE A  
DEBARY, FL 32713-2304

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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

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date