

PO200000129681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

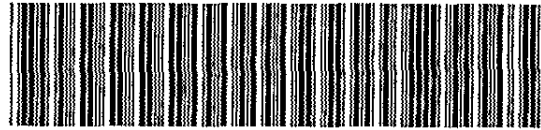
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/05/02--01014--017 \*\*87.50

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FILED  
2002 DEC 10 PM 1:00  
FALLS CHURCH, VA

g 12/10/02

TRANSMITTAL LETTER

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

FILED

2002 DEC 10 F

941  
415-8782  
TALLAHASSEE F

SUBJECT:

JOCARE 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  
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:

Joseph DeClemente

Name (Printed or typed)

4150 Whidden Blvd

Address

Bart Charlotte, Florida

City, State & Zip

941-623-0516

Daytime Telephone number

STATE  
TALLAHASSEE, FLORIDA

2002 DEC 10 PM 1:00

FILED

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

Dec. 10. 2002 8:47AM

19416279971 PRO POWER EQUIPMENT

No. 8686 P. 1

JOCARE Inc  
4150 Whidden Blvd  
Port Charlotte, Florida 33980  
941-623-0516  
jmjd1945@aol.com

FILED

2002 DEC 10 PM 1:00

RECEIVED BY STATE  
TALLAHASSEE FLORIDA

627-6007

12/10/02

850 245-6804 Fax

Bobbie,

Thank you for your help this morning. enclose please find a copy of all documents sent to your office last Tuesday December 2, 2002.

I would appreciate your help in the processing of these documents, we are trying to open our JOCARE Inc. bank accounts but need the federal Tax ID number.

I will be out until 10:30 AM, if possible please send the tax ID number to my attention at the fax number 941 - (624-5687)

Sincerely,

  
Joe DeClemente

# 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:

JOCARE Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

4150 Whiddow Blvd  
Port Charlotte Florida 33980

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Apparel Sales

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Joseph DeClemente CEO  
Paul Fignozza V.P.

## ARTICLE VI REGISTERED AGENT

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

JOE DECLEMENTE

4150 Whiddow Blvd  
Port Charlotte Florida 33980

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOE DECLEMENTE

4150 Whiddow Blvd  
Port Charlotte, Florida 33980

\*\*\*\*\*  
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/Incorporator

FILED

2002 DEC 10 PM 1:00

CLERK OF STATE  
TALLAHASSEE FLORIDA

11/24/02  
Date