

PO30000/6948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

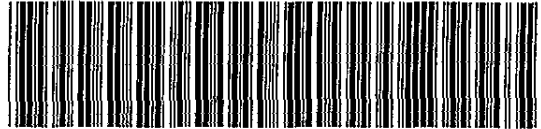
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/06/03--01050--010 **78.75

03 FEB -6 PM 3:52
DIVISION OF REVENUE
STATE OF NEW YORK

2003 FEB 12 2003

TRANSMITTAL LETTER

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

SUBJECT: C R LOVING 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: CATHLINE REID
Name (Printed or typed)

19 PEPPERDINE DRIVE
Address

PALM COAST, FL 32164
City, State & Zip

(386) 445-0492
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:

C R LOVING CARE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

19 PEPPERDINE DRIVE
PALM COAST, FL 32164

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE HEALTHCARE SERVICES TO THE PUBLIC

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

CATHLINE REID, PRESIDENT
19 PEPPERDINE DRIVE
PALM COAST, FL 32164

ARTICLE VI REGISTERED AGENT

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

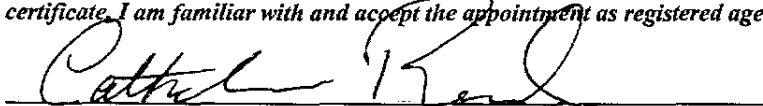
CATHLINE REID
19 PEPPERDINE DRIVE
PALM COAST, FL 32164

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CATHLINR REID
19 PEPPERDINE DRIVE
PALM COAST, FL 32164

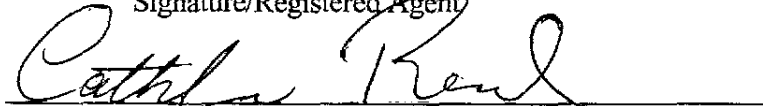
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

2/5/03

Date



Signature/Incorporator

2/5/03

Date

03 FEB -6 PM 3:53

STATE OF FLORIDA
DIVISION OF CORPORATIONS