

TRANSMITTAL LETTER

P03000030704

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

SUBJECT: PRECIOUS, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

200008103232--6  
-09/30/02--01062--005  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

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: MARCIA GILLESPIE  
Name (Printed or typed)

25352 SEVEN RIVERS CIRCLE  
Address

LAND O LAKES FL 34639  
City, State & Zip

(813) 994-1228  
Daytime Telephone number

FILED  
03 MAR 18 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MARCIA GILLESPIE  
GAVE

AUTHORIZATION BY PHONE TO

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

DATE 03-18-03

DOC. EXAM gr

2037662  
gr 10/



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

October 1, 2002

MARCIA GILLESPIE  
25352 SEVEN RIVERS CIRCLE  
LAND O' LAKES, FL 34639

SUBJECT: PRECIOUS, INC.  
Ref. Number: W02000028424

We have received your document for PRECIOUS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6878.

Alan Crum  
Document Specialist  
New Filing Section

Letter Number: 302A00055345

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**OF**

Precious, Inc.

**ARTICLE I**

**Name**

The Name of the corporation shall be: **PRECIOUS, Inc.**

**ARTICLE II**

**Principal Office**

The principal place of business/ mailing address is:  
25352 Seven Rivers Circle, Land O Lakes, FL 34639

**ARTICLE III**

**Purpose**

The purpose of the organization is to provide quality one on one private duty  
Nursing as directed by a physician, in the privacy of a patient's home.

**ARTICLE IV**

**Shares**

The number of stock is: *one*

**ARTICLE V**

**Initial Officers/ Directors**

**Marcia Gillespie, LPN**  
**President/Owner**  
25352 Seven Rivers Circle  
Land O Lakes, FL 34639

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**ARTICLE VI  
Registered Agent**

**The Name and address of the registered agent is:**

**Marcia Gillespie, LPN  
25352 Seven Rivers Circle  
Land O Lakes, FL 34639**

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**ARTICLE VII  
INCORPORATOR**

**The Name and address of the incorporator is:**

**Marcia Gillespie, LPN  
25352 Seven Rivers Circle  
Land O Lakes, FL 34639**

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

  
Signature Registered Agent

9/25/22  
Date

  
Signature of Incorporator

9/25/22  
Date