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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: CARITAS ASSOCIATES, 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: DONNA K. BURCH
Name (Printed or typed)

6009 Santa Monica DR.
Address

Tampa, FL 33615
City, State & Zip

(813) 884-2702
Daytime Telephone number

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

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03 MAR 19 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

CARITAS ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3202 W. BAKER ST. (Place of bus
PLANT CITY, FL 33566
6009 Santa Monica Dr. (mailling ad
Tampa, FL 33615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate Appraisal
and Investment

ARTICLE IV SHARES

The number of shares of stock is:

10,000

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:

DONNA K. BURCH
6009 Santa Monica Dr.
Tampa, FL 33615

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DONNA K. BURCH
6009 Santa Monica Dr.
Tampa, FL 33615

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

Donna K. Burch

Signature/Registered Agent

3-16-03

Date