## P03000044112

(Requestor's Name)					
(Ad	dress)				
	·				
(Ad	dress)				
(City	//State/Zip/Phone	∍#)			
PICK-UP	WAIT	MAIL			
/Pau	siness Entity Nan	20)			
(Dus	siness Endry Nan	ne)			
(Doc	cument Number)				
Certified Copies	Certificates	of Status			
	-				
Special Instructions to F	iling Officer:				
		ļ			
<del></del>	<del></del>				

Office Use Only



900016082999

04/17/03--01062--014 \*\*78.75

03 APR 17 AM ID: 52

4.21.03

## TRANSMITTAL LETTER

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

•	(FROI OSED CORFORM	TE WANTE - MUST INCL	ove suffix)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
FROM:	Brett Kasenetz	(Printed or typed)	
: : :	10519 Bermud		<del> </del>
	Tampa, FL City.	33647 State & Zip	<del>aren eta are</del> 1901 de esta de
	813 910-2 Daytime T	697 elephone number	·

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

•				
ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621,	FILED			
ARTICLE I NAME			03 NPR 1	7 AM 10: 52
The name of the corneration shall be			CONST	DRY OF STATE
Gentle Care Women's	Center,	Inc.	TALLAHA	IRY OF STATE SSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  1504 E. Bearss Ave.  Lutz, FL 33549				
ARTICLE III PURPOSE  The purpose for which the corporation is organized in	is:			•
All legal purposes.				
ARTICLE IV SHARES The number of shares of stock is:		/ <del></del> -		
ARTICLE V INITIAL OFFICERS/DIRECT The name(s), address(es) and title(s):	ORS (optional			-
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the register  Brett Kasenetz  1504 E. Bears Ave.  Lutz, FL 33 549	red agent is:	·		•
ARTICLE VII INCORPORATOR		—		
The name and address of the Incorporator is:				
Brett Kasenetz 10519 Bermuda like Dri	-			
Tampa FL 33647				
**************	******	*****	*****	****
Having been named as registered agent to accept service of procertificate, I am familiar with and accept the appointment as rej				ated in this
B. 135		4-14	1-03	
Signature/Registered Agent		· <u></u>	Date	ent les et

Signature/Incorporator

4-14-0 Date