

P03000068281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

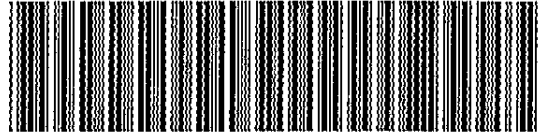
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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F. G. HESER JUN 19

## TRANSMITTAL LETTER

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

SUBJECT: Golden Years Health 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  
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: Golden SUSAN A. RICCA  
Name (Printed or typed)

1420 NW 58th Ave.  
Address

Margate, FL 33063  
City, State & Zip

561-934-970-9761  
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:

*Golden Years Health Care Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*3890 W. Commercial Blvd Suite 219  
(Jenmarae) Ft. Lauderdale, Fl. 3*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Home Health*

**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):

*Susan A. Ricca President, Chief Fiscal Officer*

**ARTICLE VI REGISTERED AGENT**

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

*SUSAN A. RICCA  
1420 NW 58th Ave  
Margate FL 33063*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*SUSAN A. RICCA  
1420 NW 58th Ave  
Margate, FL 33063*

\*\*\*\*\*

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

*Susan Ricca*

Signature/Registered Agent/Incorporator

*06-16-03*

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 JUN 18 PM 3:05