

P03000070248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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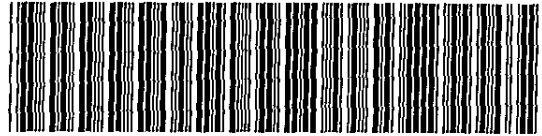
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
DIVISION OF CORPORATIONS  
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6-25-03  
1991

## TRANSMITTAL LETTER

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

SUBJECT: PETAL, S 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

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: PETAL, S CARE INC.  
Name (Printed or typed)

115 N.E. 132 ND TERRACE  
Address

MIAMI, FL. 33161  
City, State & Zip

305-685-0011  
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:

PETAL, S CARE INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

115 N.E. 132 ND TERRACE Miami FL 33161

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTHCARE

### ARTICLE IV SHARES

The number of shares of stock is:

FIVE HUNDRED (500)

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JOAN LEE PRESIDENT

### ARTICLE VI REGISTERED AGENT

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

JOAN LEE

115 N.E. 132 ND TERRACE MIAMI, FL 33161

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOAN LEE

115 N.E. 132 ND TERRACE MIAMI, FL.33161

\*\*\*\*\*

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

Joan O. Lee  
Signature/Registered Agent

6/18/03  
Date

Joan O. Lee  
Signature/Incorporator

6/18/03  
Date

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CLERK OF SUPERIOR COURT  
DIVISION OF CORPORATIONS  
03 JUN 20 AM 8:32