

P03000087091

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STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: FLORIDA CAREGIVERS, 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: JOHN GAUDIOSI, ESQ
Name (Printed or typed)
3801 NO. FEDERAL HIGHWAY
Address
POMPANO BEACH, FLORIDA 33064
City, State & Zip
954 / 785-1300
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:

FLORIDA CAREGIVERS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

19240 S.W. 2nd STREET
PEMBROKE PINES, FLORIDA 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE ASSISTANCE FOR PEOPLE IN NEED
AND OTHER LAWFUL TASKS

ARTICLE IV SHARES

The number of shares of stock is: 888

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ANTONIO GABAS, DIRECTOR, 19240 S.W. 2nd ST.
PEMBROKE PINES, FL 33029

FELICIANO GABAS, DIRECTOR, 28659 CLOVERLEAF PLACE
CASTAIC, CALIFORNIA 91384

ARTICLE VI REGISTERED AGENT

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

ANTONIO GABAS
19240 S.W. 2nd STREET
PEMBROKE PINES, FL 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANTONIO GABAS
19240 S.W. 2nd STREET
PEMBROKE PINES, FL 33029

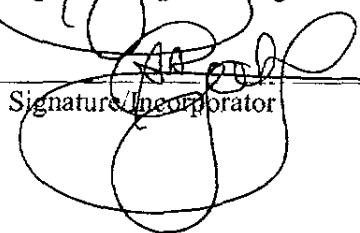
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

8-4-3

Date



Signature/Incorporator

8-4-03

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA