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(Requestor's Name)

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(City/State/Zip/Phone #)

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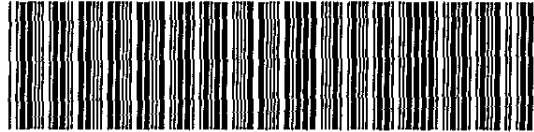
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Lauderhill Title 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:

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75	<input type="checkbox"/> \$122.50	<input type="checkbox"/> \$131.25
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	Certified Copy		
	& Certificate	& Certified Copy	& Certificate

FROM: Dawn Sinclair
Name (Printed or typed)

4710 NW 17 Ct
Address

Lauderhill, Florida 33313
City, State & Zip

954 730-2153
Daytime Telephone number

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

ARTICLES OF INCORPORATION
of
Lauderhill Title Care, Inc.

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TALLAHASSEE, FLORIDA

The undersigned, acting as incorporator of a corporation in compliance with Chapter 607 and / or Chapter 621, F.S. (Profit)

ARTICLES I

The names of the corporation, shall be:
Lauderhill Title Care, Inc

ARTICLES II

Principle business address, 4710 NW 17 Ct Lauderdale, Fl. 33313

Mailing address:
Same

ARTICLES III

The Purpose for which the corporation is organized is:
Adult Day Care Center

ARTICLE IV

The number of shares of stock is:
100

ARTICLE V

The initial board of directors shall consist of at least five (3) members. Who need not be residents of the State of Florida.

Dawn Sinclair-President/Treasurer
4710 NW 17 Ct
Lauderhill, Fl 33313

Leith M. Phillips-Secretary
2850 NW 36 Ave
Ft Lauderdale, Fl 33311

Dawn Sinclair
President, Incorporator

Date

2/2/07

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607 0501 or 617 0501, Florida Statutes, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida

1. The name of the corporation is

Lauderhill Title Care, Inc.

2. The name and address of the registered agent and office

(NAME)

Dawn Sinclair

(P O BOX NOT ACCEPTABLE)

4710 NW 17 Ct

(Address)

Lauderhill, Florida 33313

(City, State & Zip)

Having been named as registered agent *and* to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as the registered agent.

SIGNATURE Dawn Sinclair

DATE 2/3/04

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TALLAHASSEE, FLORIDA