

PO4000063114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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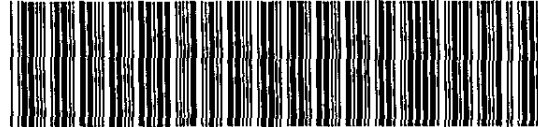
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE FLORIDA

15 4/15/04

TRANSMITTAL LETTER

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2004 APR -9 PM 3:15

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

DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

SUBJECT: First Choice Complete 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: Pedro J. De Leon
Name (Printed or typed)

19623 n.w. 82 Place
Address

miami, FL 33015
City, State & Zip

305-816-9225
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:

First Choice Complete Care, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

19623 nw 82 Place
miami, FL 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Homemaker and companion agency.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Pedro J. De Leon - President
19623 NW 82 Place
Miami, FL 33015

ARTICLE VI REGISTERED AGENT

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

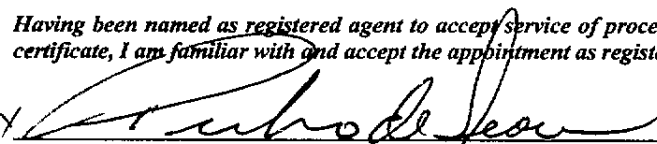
Pedro J. De Leon
19623 nw 82 Place
miami, FL 33015

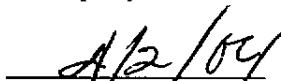
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Pedro J. De Leon
19623 nw 82 Place
miami, FL 33015

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

x 
Signature/Registered Agent/Incorporator


Date

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