

P040000074362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

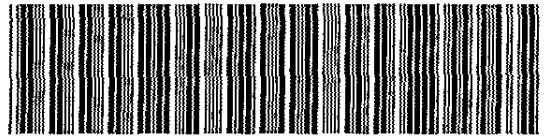
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



000033456340

04/27/04--01048--001 **78.75

FILED
04 MAY -7 PM 2:30
TALLAHASSEE, FLORIDA

TH 5/7/04

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 8127
Tallahassee, FL 32314

SUBJECT:

Cordova Geriatric Care Incorp.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☒ \$5.00
Filing Fee

☒ \$5.75
Filing Fee &
Certificate of
Status

☐ \$18.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Adebusola Cordova
(Name of the Filing Person)

1822 Sherwood dr.

TAL. FL. 32303
(City and State)

850 510 6977
(Telephone Number)

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 30, 2004

ADEBUSOLA CORDOVA
1822 SHERWOOD DR
TALLAHASSEE, FL 32303

SUBJECT: CORDOVA GERIATRIC CARE INCORP.
Ref. Number: W04000016769

RECEIVED
04 MAY -7 PM 1:47
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for CORDOVA GERIATRIC CARE INCORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please list the name of the person that is your Registered Agent.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Document Examiner
New Filings Section

Letter Number: 904A00029550

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:

Cordova Geriatric Care

INC.

FILED

04 MAY -7 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1822 Sherwood dr.
TAL. FL. 32303.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Optumal care to the geriatric Community

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

- 1) Adebisola Cordova - CEO and owners.
- 2) Fumilayo Adejokun - Treasura
- 3) Amina Cordova - Vice President
- 4) Benjamin Cordova - SE Executive Chairman

ARTICLE VI REGISTERED AGENT

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

Adebisola Cordova
1822 Sherwood dr
TAL. FL. 32303.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Adebisola Cordova.

1822 Sherwood dr.
TAL. FL. 32303.

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

4/26/04

Date



Signature/Incorporator

4/26/04

Date