

P04000078260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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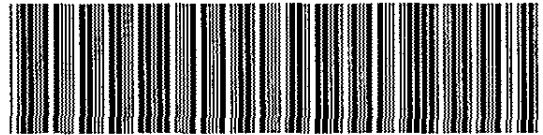
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY 14 PM 4:04

TRANSMITTAL LETTER

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

SUBJECT: CARECORPS 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: DAVID CHESTERS.  
Name (Printed or typed)

3045 N. FEDERAL HIGHWAY SUITE 60.  
Address

FL. LAUDERDALE. FL. 33306  
City, State & Zip

954-771-4700.  
Daytime Telephone number

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

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# 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:

CARECORPS INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3045 N. FEDERAL HWY SUITE 60.  
FT. LAUDERDALE FL. 33306.

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CARPET CARE, CLEANING & FITTING

## ARTICLE IV SHARES

The number of shares of stock is:

1000.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

## ARTICLE VI REGISTERED AGENT

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


DAVID E CHESTERS  
5321 NE 18<sup>th</sup> AVE #1  
FT. LAUDERDALE FL. 33306.

## ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

DAVID E. CHESTERS  
C/O 3045 N FEDERAL HWY SUITE 60  
FT LAUDERDALE FL 33306.

\*\*\*\*\*  
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 DAVID CHESTERS

4/30/04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator DAVID CHESTERS

4/30/04  
\_\_\_\_\_  
Date

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