

P04000083867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

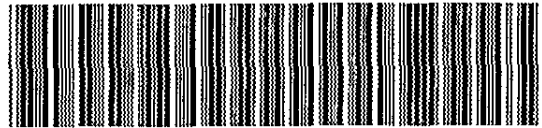
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/09/04--01066--001 **87.50

FILED
04 MAY 24 AM 7:18
STATE
TALLAHASSEE FLORIDA

204-15057

TRANSMITTAL LETTER

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

SUBJECT: PCARE4, INCORPORATED
(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: Lindia L. LEE
Name (Printed or typed)

5121-3rd Avenue North
Address

St. Petersburg, Florida 33710
City, State & Zip

727-323-8482
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 26, 2004

LINDIA L. LEE
5121-3RD AVENUE NORTH
ST. PETERSBURG, FL 33710

SUBJECT: PCARE 4, INCORPORATED
Ref. Number: W04000015057

We have received your document for PCARE 4, INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The document must state the number of shares of authorized stock.

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) 245-6972.

Doris Brown
Document Specialist
New Filings Section

Letter Number: 904A00025799

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:

PCARE 4, INCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5721-3rd Avenue North St. Petersburg, Florida 33710

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Practice building,

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LINDIA L. LEE, PRESIDENT
5721-3rd Avenue North
ST. PETERSBURG, Fla. 33710

ARTICLE VI REGISTERED AGENT

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

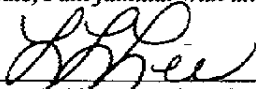
Lindia L. LEE, Reg. Agent
5721-3rd Avenue North
ST. PETERSBURG, Fla. 33710

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lindia L. LEE
5721-3rd Avenue North
ST. PETERSBURG, Florida 33710

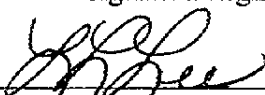
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

4-7-04

Date



Signature/Incorporator

4-7-04

Date

FILED
04 MAY 24 AM 7:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA