

P04000104355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

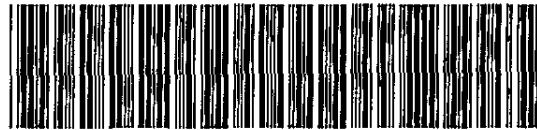
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEVEN
DIVISION

TRANSMITTAL LETTER

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

SUBJECT: S L 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: CDC CONSULTING FIRM

Name (Printed or typed)

4699 NORTH SR 7, Suite Z

Address

Tamarac, FL 33319

City, State & Zip

954-484-7713

Daytime Telephone number

SECRET
DIVISION OF CORPORATIONS
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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:

S. L. CARE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

42 SPINNING WHEEL LANE
TAMARAC, FL 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOME HEALTH CARE AGENCY

ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES COMMON STOCK

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SHARON LENNOX PRESIDENT/ TREASURER/ DIRECTOR
42 SPINNING WHEEL LANE, TAMARAC, FL 33319

ARTICLE VI REGISTERED AGENT

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

SHARON LENNOX
42 SPINNING WHEEL LANE
TAMARAC, FL 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SHARON LENNOX
42 SPINNING WHEEL LANE
TAMARAC, FL 33319


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

6/30/04

Date



Signature/Incorporator

6/30/04

Date

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DIVISION OF CORPORATE REGISTRATION