# P04000148931

(Red	questor's Name)	<u></u>	
(Add	dress)		
(Add	dress)		
(City	//State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bus	siness Entity Nam	e)	
(Document Number)			
Certified Coples	Certificates	of Status	
Special Instructions to I	Filing Officer:		
Nou?	3859		
	Office Use Onl	у	



600041725446

10/21/04--01034--014 \*\*78.75

OLOCT 28 AM 7: 35

# TRANSMITTAL LETTER

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

SUBJECT: SPEC	IAL CARE SERVICES OF FLORI	DA INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:	
☐ \$70.00 ☐ \$78.75  Filing Fee Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED	
FROM:		. RIVERA YERA (Printed or typed)		
_	608 S.CONWAY RD. APT. C Address			
		FLORIDA 32807 State & Zip		
		395-9577 elephone number		

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



RECEIVED 04 OCT 28 AM II: DO

THE MIASTER FOR MER

#### FOR THE STATE OF TAIL AS FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 21, 2004

WANDA I RIVERA YERA 608 S CONWAY RD APT C ORLANDO, FL 32807

SUBJECT: SPECIAL CARE SERVICES OF FLORIDA INC.

Ref. Number: W0400038859

We have received your document for SPECIAL CARE SERVICES OF FLORIDA INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

An effective date may be added to the Articles of Incorporation if a 2005 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

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) 245-6928.

Tim Burch Document Specialist New Filings Section

Letter Number: 104A00060684

. . - .



In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

#### ARTICLE I NAME

The name of the corporation shall be:

SPECIAL CARE SERVICES OF FLORIDA INC.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 608 S. CONWAY RD. APT. C ORLANDO, FLORIDA 32807

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE PURPOSE OF THE CORPORATION IS TO ENGAGE IN ANY ACTIVITY PERMITTED BY THE LAWS OF THIS STATE.

### ARTICLE IV SHARES

The number of shares of stock is:

THE TOTAL NUMBER OF SHARES WHICH THE CORPORATION SHALL HAVE AUTHORITHY TO ISSUE IS 100 SHARES WITH A PAR VALUE OF \$1 OO PER SHARE

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

WANDA I. RIVERA YERA (PRESIDENT) 608 S. CONWAY RD. APT. C ORLANDO, FL 32807 GLADYS J. COLON (DIRECTOR) 608 S. CONWAY RD, APT, ORLANDO, FLORIDA 32807

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

WANDA I. RIVERA YERA 608 S. CONWAY Rd. He ORlando Fl. 32807

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

WANDA I. RIVERA YERA 608 S. CONWAY RD. APT. C ORLANDO, FLORIDA 32807

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

Date

10-18-04

Date

10|18|04

Signature/Incorporator

Date

04 OCT 28 AM 7: 35
SLONUTARY OF STATE
TALL ALLASSEF, FLORIDA