

P05000026877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
~~105-2150~~
1/1/21

Office Use Only

[Handwritten signature]



000044116820

01/14/05--01014--017 **87.50

FILED
2005 FEB 21 P 5:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: TrueCare, 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: Christina Calderón - Morales
Name (Printed or typed)

PO. Box 2716
Address

Immokalee, FL 34143
City, State & Zip

239.822.7260
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 4, 2005

CHRISTINA CALDERON-MORALES
P.O. BOX 2716
IMMOKALEE, FL 34143

SUBJECT: TRUE CARE, INC.
Ref. Number: W05000003158

We have received your document for TRUE CARE, INC.. However, the document has not been filed and is being returned for the following:

You failed to make the correction(s) requested in our previous letter.

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) 245-6934.

Loria Poole
Document Specialist
New Filings Section

Letter Number: 805A00008100

RECEIVED

05 FEB 21 AM 11:09

FLORIDA DEPARTMENT OF STATE
NEW FILINGS SECTION

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:

True Care, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 2716
Immokalee, FL 34143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Healthcare services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Christina Calderon - Morales
506 Jefferson Ave
Immokalee, FL 34143

ARTICLE VI REGISTERED AGENT

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

Christina Calderon - Morales
506 Jefferson Ave
Immokalee, FL 34143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Christina Calderon - Morales
506 Jefferson Ave.
Immokalee, FL 34143

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

1.11.05
Date



Signature/Incorporator

1.11.05
Date

2005 FEB 21 P 5:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED