

P050000084490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

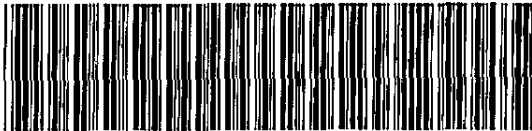
(Business Entity Name)

(Document Number)

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
05 JUN 13 PM 11:06

15-27965

MRD6/13

TRANSMITTAL LETTER

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

SUBJECT: CARE DIRECT 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: ROY GUSCOTT
Name (Printed or typed)
11421 Hibbs Grove Dr
Address
Cooper City FL 33330
City, State & Zip
954 558 6715
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 6, 2005

ROY GUSCOTT
11421 HIBBS GROVE DR
COOPER CITY, FL 33330

SUBJECT: DIRECT DME INCORPORATED
Ref. Number: W05000027965

We have received your document for DIRECT DME INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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

Please list the street address of each officer/director.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

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) 245-6879.

Ruby Dunlap
Regulatory Specialist
New Filings Section

Letter Number: 905A00039749

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUN 13 AM 11:06

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:

CARE DIRECT INCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11421 Hibbs Grove Drive - Cooper City, FL
33330

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LEGAL BUSINESS AUTHORIZED IN FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

FIVE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

UNA BUSCOTT, 11421 Hibbs Grove Dr, Cooper City, FL 33330 Pres. 2 SHARE
PEGUMA BUSCOTT, 11421 Hibbs Grove Dr, Cooper City, FL 33330 (D) 1 SHARE
ROY BUSCOTT, 11421 Hibbs Grove Dr Cooper City, FL 33330 (D) 2 SHARE.

ARTICLE VI REGISTERED AGENT

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

Roy Buscott, 11421 Hibbs Grove Dr Cooper City, FL 33330

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Roy Buscott, 11421 Hibbs Grove Dr Cooper City, FL 33330

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

Signature/Incorporator

Date