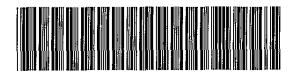
## P05000097575

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dubliess Lifely Harre)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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2005 JUL 12 AN 7:54
SECRETARY OF STATE

30-30-119 - 110-100 III 1 3 2005

## TRANSMITTAL LETTER

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

SUBJECT:		HEALTHCA  DRATE NAME - MUST INCLU	
Enclosed are an orig	inal 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  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	239 N.W.	Idame (Printed or typed)  Hyth Ct. # -  Address	
<u> </u>	FT. laur	City, State & Zip	1 33309

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



June 21, 2005

PELICAN HEALTHCARE INC 4121 NW 5TH ST # 101 FT LAUDERDALE, FL 33317

SUBJECT: PELICAN HEALTHCARE, INC.

Ref. Number: W05000030412

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

Bylaws are not filed with this office. Please retain them for your records.

The articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6855.

Tammy Hampton Document Specialist New Filings Section

Letter Number: 605A00042460

## FILED ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 2005 JUL 12 AM 7:54 ARTICLE I The name of the corporation shall be: SECRETARY OF STATE TALLAHASSEE, FLORIDA Pelican HEALTHCARE INC ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 4/2/ NW 5th ST, # 101 PLANTATION FLORIDA 33317 ARTICLE III PURPOSE The purpose for which the corporation is organized is: This corporation may engage or transact in any (CORI-) or all lawful and or buisiness permitted under the laws of the ilusted states, the state of the ARTICLE IV SHARES , turnlong , or nation The number of shares of stock is: Class of Shele PER Value 00 PER Share Stock 811.00 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Ronald Haymas Vice President Richard Hay LETHA HAYNES. President 3239 N.W 44th St. #3 Open Do. Proping . 32818 4706 Rolling C FT. Landerdale fl. 33309 ON ando fr REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: LETHA HAYNES 3239 N.W. FULL St. # 3. FT. Lauderdale. fe. 33309 ARTICLE VII INCORPORATOR The <u>name and address</u> of the Incorporator is: LETHA HAYNES St. #3 PT LANDER DALE Th. 33309 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

Signature/Incorporator