

PD5000/19113

(Requestor's Name)

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(City/State/Zip/Phone #)

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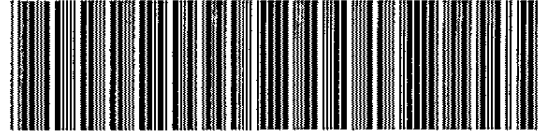
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 AUG 26 AM 11:14

MRS
8/26

WD5-39044

TRANSMITTAL LETTER

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

SUBJECT: Exotic 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: Marion C. Ramcharan
Name (Printed or typed)

3240 SW 65th Avenue
Address

Miramar, FL 33023
City, State & Zip

954-322-7643
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 18, 2005

MARION C RAMCHARAN
3240 SW 65TH AVENUE
MIRAMAR, FL 33023

SUBJECT: EXOTIC CARE, INC.
Ref. Number: W05000039044

RECEIVED
05 AUG 26 AM 10:00
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for EXOTIC CARE, 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):

You must list the corporation's principal office and/or a mailing address in the document.

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: 405A00052649

ARTICLES OF INCORPORATION

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Exotic Care, Inc.

05 AUG 26 AM 11:14

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is: 5440 NW 12th Street
Lauderhill, FL 33313

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in any lawful act or activity for which a corporation may be organized under the General Corporation Laws of the State of Florida.

ARTICLE IV SHARES

1000 shares of \$1.00 par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Marion C. Ramcharan-Director
3240 SW 65th Avenue
Miramar, FL 33023

Nivaldo K. Johnson-Director
3240 SW 65th Avenue
Miramar, FL 33023

ARTICLE VI REGISTERED AGENT

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

Marion C. Ramcharan
3240 SW 65th Avenue
Miramar, FL 33023

ARTICLES VII INCORPORATOR

The name and address of the Incorporator is:

Marion C. Ramcharan
3240 SW 65th Avenue
Miramar, FL 33023

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.

M. Ramcharan

Signature/Registered Agent

8/23/05
Date

M. Ramcharan

Signature/Incorporator

8/23/05
Date