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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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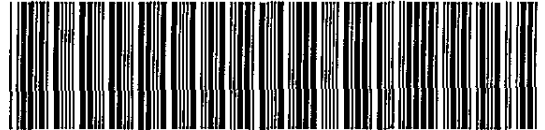
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/23  
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## TRANSMITTAL LETTER

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

SUBJECT: LOVING SUPPORT CARE CORP  
(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: SANDRA OBANDO  
Name (Printed or typed)

6251 NW 199 STREET  
Address

MIAMI      FLORIDA      33015  
City, State & Zip

(305) 628 - 1029  
Daytime Telephone number

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

## 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:

LOVING SUPPORT CARE CORP

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6251 NW 199 STREET  
MIAMI, FLORIDA 33015

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

### 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):

SANDRA OBANDO (PRESIDENT)  
6251 NW 199 STREET  
MIAMI, FLORIDA 33015

### ARTICLE VI REGISTERED AGENT

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

SANDRA OBANDO  
6251 NW 199 STREET  
MIAMI, FLORIDA 33015

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SANDRA OBANDO  
6251 NW 199 STREET  
MIAMI, FLORIDA 33015

\*\*\*\*\*

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

Sandra Obando

Signature/Registered Agent

12/16/05

Date

Sandra Obando

Signature/Incorporator

12/16/05

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA