

P06000036549

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PICK-UP WAIT MAIL

(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Patricia

AUTHORIZATION BY PHONE TO

SUBJECT *Articles*

3/13/06

EXAM *D White*

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D. WHITE MAR 13 2006



000067017750

03/06/06--01024--016 **78.75

FILED

06 MAR 13 PM 4:16

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: MORE LIFE 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: PATRICIA GOLDEN
Name (Printed or typed)

2104 SAUL DRIVE
Address

JACKSONVILLE, FL. 32216
City, State & Zip

(904) 721-0082 / (904) 993-2834
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2006

PATRICIA GOLDEN
2104 SAUL DRIVE
JACKSONVILLE, FL 32216

SUBJECT: MORE LIFE INC.
Ref. Number: W06000010798

We have received your document for MORE LIFE INC. and your check(s) totaling \$78.75. 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.

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) 245-6933.

Dale White
Document Specialist
New Filing Section

Letter Number: 906A00015446

RECEIVED
06 MAR 13 PM 1:52

ARTICLES OF INCORPORATION

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

FILED

06 MAR 13 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

MORE LIFE ~~CARE~~ INC.
MORE Life Care INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2104 SAUL DRIVE
JACKSONVILLE, FL 32216

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTH CARE SERVICES - *To Help provide services to Medicaid
AND low income clients.*

ARTICLE IV SHARES

The number of shares of stock is:

100 @ \$3.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PATRICIA GOLDEN (*PRESIDENT*) @ 2104 SAUL DRIVE JAX. FL 32216
JOY GOLDEN (DIRECTOR)
JOREL GOLDEN (DIRECTOR)
GABRIEL GOLDEN (DIRECTOR)

ARTICLE VI REGISTERED AGENT

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

PATRICIA GOLDEN
2104 SAUL DRIVE
JACKSONVILLE FL. 32216

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PATRICIA GOLDEN
2104 SAUL DRIVE
JACKSONVILLE FL. 32216

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

Patricia Golden

Signature/Registered Agent
Patricia Golden

Signature/Incorporator

3/1/06

Date
3/1/06

Date