

PO6000642827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

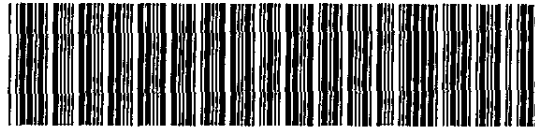
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRET
TALLAHASSEE, FLORIDA

06 MAR 24 PM 12:36

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1 2006 MAR 24 2006

COVER LETTER

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

SUBJECT: Treasure Coast Elderly 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: Petal Pike
Name (Printed or typed)

5209 Northwest. South Lovoy Circle
Address

Port Saint Lucie, Florida 34986
City, State & Zip

772-879-2555
Daytime Telephone number

TALLAHASSEE, FLORIDA

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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:

Treasure Coast Elderly Care Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5209 Northwest South Lovoy Circle
Port Saint Lucie, Florida 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Small Business

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Petal Pike, President
Owen Pike Vice President

ARTICLE VI REGISTERED AGENT

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

Petal Pike
5209 Northwest South Lovoy Circle
Port Saint Lucie, Florida 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Petal Pike
5209 Northwest South Lovoy Circle
Port Saint Lucie, Florida 34986

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

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TALLAHASSEE, FLORIDA

3/21/2006
Date
3/21/2006
Date