

P00000072038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

505-691.
W000 20859



600073423836

05/03/06--01021--014 **78.75

FILED

06 MAY 23 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

f 5/24/06

COVER LETTER

FILED

06 MAY 23 AM 10:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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

SUBJECT: OJ IWE
(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: Alonda T. Bivens
Name (Printed or typed)

20621 NW. 17th Ave, #102
Address

Miami, FL 33056
City, State & Zip

786 499-1125
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
06 MAY 23 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 4, 2006

ALONDA T. BIVENS
20621 NW 17TH AVENUE #102
MIAMI, FL 33056

SUBJECT: OJIWE
Ref. Number: W06000020859

We have received your document for OJIWE 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 corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock.

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) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

Letter Number: 806A00031805

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:

DJI WE GENTELCARE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

20621 NW. 17th, #102, MIAMI, FL 33056

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Patient Care assistances for disable clients.

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):

Frank Oliver - 20621 NW. 17th Ave, #102 MIAMI, FL 33056

ARTICLE VI REGISTERED AGENT

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

Alonda T. BIVENS, 20621 NW. 17th Ave, #102, MIAMI, FL 33056

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Alonda T. BIVENS, 20621 NW. 17th Ave. #102, MIAMI, FL 33056

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

Alonda Bivens
Signature/Registered Agent

5-18-06
Date

Alonda Bivens
Signature/Incorporator

5-18-06
Date

FILED

06 MAY 23 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA