

PO6000/27978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

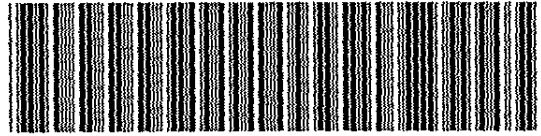
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500079962705

09/25/06--01036--010 **78.78

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT -6 PM 1:38

VH
6-06-06

COVER LETTER

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

SUBJECT: In The Care Of 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: MICHAEL ST CLAIR
Name (Printed or typed)

13860 SW 26th STREET APT 16-202
Address

HOMESTEAD, FLORIDA 33032
City, State & Zip

305-257-1455
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2006

MICHAEL ST CLAIR
13860 SW 268 STREET APT 16-202
HOMESTEAD, FL 33032

SUBJECT: IN THE CARE OF, INC.
Ref. Number: W06000042142

We have received your document for IN THE CARE OF, INC. and your check(s) totaling \$78.78. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6962.

Valerie Herring
Document Specialist
New Filing Section

Letter Number: 106A00057252

ARTICLES OF INCORPORATION

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT -6 PM 1:38

ARTICLE I NAME

The name of the corporation shall be:

In The Care Of, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13860 SW 268th Street, Apt 16-202
Homestead Fl, 33032

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Home health care.

ARTICLE IV SHARES

The number of shares of stock is:

NONE ONE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michael St Clair
Office Manager/owner
13860 S.W. 268 St. Apt 16-202
Homestead Fl. 33032

Carlos F. Eusebio
Recruiter/Staff Manager
1251 NE 108 Street Apt 211
North Miami
Fl. 33161

ARTICLE VI REGISTERED AGENT

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

Michael St Clair
13860 SW 268 St. Apt 16-202
Homestead Fl, 33032.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael St Clair
13860 SW 268 St Apt 16-202
Homestead Fl, 33032

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

Date

Signature/Incorporator

Date