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SA

TRANSMITTAL LETTER

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P O BOX 6327  
TALLAHASSEE, FL 32314

SUBJECT: ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES  
OF INCORPORATION AND OUR CHECK FOR 78.75

FROM: PROFESSIONAL CARE AGENCY INC  
2290 WELCOME RD  
CANTONMENT, FL 32533

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SEAL OF THE STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
PROFESSIONAL CARE AGENCY INC.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

PROFESSIONAL CARE AGENCY INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS  
CORPORATION SHALL BE:

2290 WELCOME RD  
CANTONMENT, FL 32533

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS  
AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

ONE HUNDRED (100) SHARES

ARTICLE IV REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

CARLA FLOYD  
2290 WELCOME RD  
CANTONMENT FL 32533

ARTICLE V INCORPORATORS

THE NAME AND STREET ADDRESS OF THE INCORPORATORS TO THESE ARTICLES OF INCORPORATION IS:

CARLA FLOYD - PRES

2290 WELCOME CIRCLE

CANTONMENT FL 32533

CHERYL JONES – VICE PRES

2298 WELCOME RD

CANTONMENT FL 32533

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS 07<sup>TH</sup> DAY OF November 2006

  
CARLA FLOYD

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TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE, IN THE STATE OF FLORIDA

1. THE NAME OF THE CORPORATION IS PROFESSIONAL CARE AGENCY INC
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE  
CARLA FLOYD  
  
2290 WELCOME RD  
  
CANTONMENT FL 32533
3. I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT

  
CARLA FLOYD.

DATE

November 7-2006