

P070000006104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

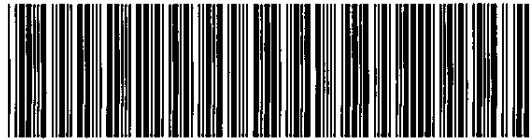
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TALLAHASSEE, FLORIDA

FILED
2007 JAN 16 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Hampton JAN 16 2007

COVER LETTER

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

SUBJECT: GOLDEN CARE NURSING 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: ANDREA WHITTER.
Name (Printed or typed)

4980 SW. 4 ST.
Address

MARGATE FLORIDA 33068
City, State & Zip

754-234-4180
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 2, 2007

ANDREA WHITTER
4980 SW 4 ST
MARGATGE, FL 33068

SUBJECT: GOLDEN CARE NURSING INC.
Ref. Number: W07000000073

RECEIVED
07 JAN 16 PM 3:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for GOLDEN CARE NURSING INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

Your document will be retained in our pending file.

The corporate filing fees for profit and nonprofit, domestic or foreign are as follows:

Filing Fees	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

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) 245-6855.

Tammy Hampton
Document Specialist
New Filing Section

Letter Number: 007A00000114

ARTICLES OF INCORPORATION

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

FILED

2007 JAN 16 PM 4:04

ARTICLE I NAME

The name of the corporation shall be:

GOLDEN CARE NURSING INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4980 S.W. 4 STREET
MARGATE, FLORIDA 33068.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OPERATE ASSISTED LIVING FACILITIES, and ADULT
CARE HOME.

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):

ANDREA WHITTER - 4980 S.W. 4 ST. MARGATE FL. 33068 - PRESIDENT

ARTICLE VI REGISTERED AGENT

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

ROBERT HANSON.
1090 NW. 3 ST
PEMBROKE PINES
FLORIDA 33026.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANDREA WHITTER
4980 S.W. 4 ST,
MARGATE, FL. 33068.

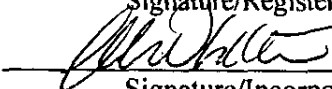
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

12/28/06.

Date



Signature/Incorporator

12/28/06

Date