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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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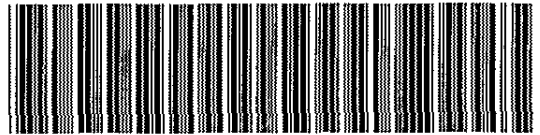
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Tender Loving Care Services, Corp.  
(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: Staci A. Jones  
Name (Printed or typed)

114 Joann St.  
Address

Perry, Fla. 32348  
City, State & Zip

850-223-3733  
Daytime Telephone number

**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:

Tender, Loving, Care Services, Corp.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

~~114 Joann St.~~  
114 Joann St.  
Perry, Fla. 32348

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Developmental Disabilities

## ARTICLE IV SHARES

The number of shares of stock is: 1

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Staci Jones - Director  
114 Joann St.  
Perry, Fla. 32348

## ARTICLE VI REGISTERED AGENT

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

Staci Jones  
114 Joann St.  
Perry, Fla. 32348

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Staci Jones  
114 Joann St.  
Perry, Fla. 32348

\*\*\*\*\*  
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

Staci A. Jones  
Signature/Registered Agent

01/31/2007  
Date

Staci A. Jones  
Signature/Incorporator

01/31/2007  
Date

FILED  
07 JAN 31 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA