

PD7000036540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

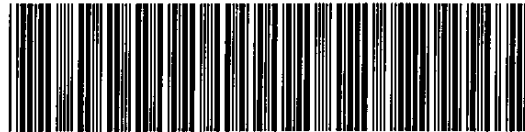
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
3/22

COVER LETTER

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

SUBJECT: ERMA'S CARE, 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: JOSH T. WENTZEL

Name (Printed or typed)

2513 NORTHWAY DRIVE

Address

VENICE, FL 33292

City, State & Zip

941-544-2665

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:

ERMA'S CARE, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2513 NORTHWAY DRIVE
VENICE, FL 34292

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTH COMPANION

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):

JOSH T. WENTZEL - PRESIDENT
2513 NORTHWAY DRIVE
VENICE, FL 34292

ARTICLE VI REGISTERED AGENT

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

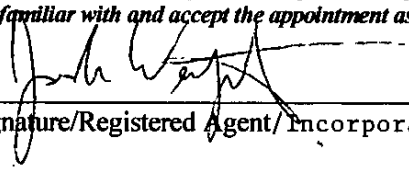
JOSH T. WENTZEL
2513 NORTHWAY DRIVE
VENICE, FL 34292

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOSH T. WENTZEL
2513 NORTHWAY DRIVE
VENICE, FL 34292

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/Incorporator

03/12/2007

Date

Signature/Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA