

PC7888039343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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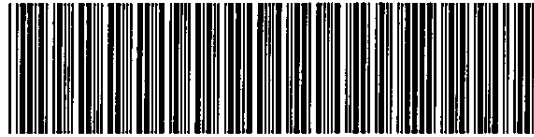
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2007 MAR 28 P 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-29-07
CO-62-3
2007

COVER LETTER

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

SUBJECT: PAT 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: CHRISTINE L. MORRISON
Name (Printed or typed)

2715 SE La PALMA TER.
Address

STUART FL 34997
City, State & Zip

772-485-8668
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)

EFF. 3/1/0
FILED
MAR 28 P 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

PAT CARE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2715 SE La PALMA TER.
STUART, FL. 34997

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE CARE IN
HOSPITAL WITH NURSING SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

1,000. SHARES @ PAR. \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CHRISTINE L. MORRISON
2715 SE La PALMA TER.
STUART, FL. 34997

ARTICLE VI REGISTERED AGENT

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

CHRISTINE L MORRISON
2715 SE LA PALMA TER
STUART, FL. 34997

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHRISTINE L MORRISON
2715 SE LA PAL TER
STUART FL 34997

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

① Christine Morrison
Signature/Registered Agent

① Christine Morrison
Signature/Incorporator

② 3-1-07
Date

② 3-1-07
Date