

P07000047402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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07 MAR 29 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/1/05
4/1/05
3/31/05

COVER LETTER

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

SUBJECT: _____

Solution 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: _____

Leonie Nelson

Name (Printed or typed)

567 NE 137th Street

Address

Miami, Florida 33161

City, State & Zip

(305) 469 3482

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2007

LEONIE NELSON
567 NE 137TH STREET
MIAMI, FL 33161

SUBJECT: SOLUTION CARE INC.
Ref. Number: W07000015798

We have received your document for SOLUTION CARE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6955.

Suzanne Hawkes
Document Specialist
New Filing Section

Letter Number: 107A00022081



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2007

LEONIE NELSON
567 NE 137TH STREET
MIAMI, FL 33161

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Ref. Number: W07000015798

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Suzanne Hawkes
Document Specialist
New Filing Section

Letter Number: 107A0002208

RECEIVED
07 APR 12 PM 12:55
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

GEORGE TRENEN BUSH CPA & CO., P.A.

CERTIFIED PUBLIC ACCOUNTANT

205 Avenue K, S.E.
Winter Haven, Florida 33880
(863) 401-8866
Fax (863) 401-8503

Member
Florida Institute Of
Certified Public Accountants

Member
American Institute Of
Certified Public Accountants

March 24, 2007

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: JACKSON CUSTOM SERVICES, INC.

Gentlemen:

Enclosed for filing please find Articles of Incorporation for JACKSON CUSTOM SERVICES, INC. together with our check in the amount of \$78.75 for filing fee, designation of resident agent, and a certified copy to be returned to me.

Thank you for your assistance.

Sincerely,


GEORGE TRENEN BUSH

GTB:rae

enclosures

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:

L.B. Solution Care Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

565 NE. 137th Street
Miami, Florida 33161

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Assisting Leaving Home Care (A.L.H.)

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):

Leonie Nelson President, Treasurer
Pierre Osmock, Bozor Vice President, Secretary.

ARTICLE VI REGISTERED AGENT

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

Leonie Nelson
567 NE 137th Street
Miami, Florida 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Leonie Nelson
567 NE 137th Street
Miami, Florida 33161

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

Leonie Nelson

Signature/Registered Agent

Leonie Nelson

Signature/Incorporator

FILED
07 MAR 29 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-19-2007

Date

3-19-2007

Date