

PD70000087271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

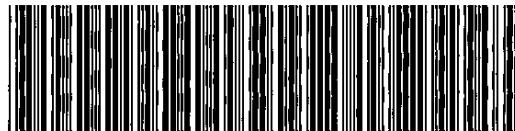
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2007 AUG -2 PM 12:41  
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MRP  
8/2

## COVER LETTER

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

SUBJECT: True Care Network, 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: Yvonne Mosley

Name (Printed or typed)

2870 Manila Palm Ct

Address

Tallahassee, FL 32309

City, State & Zip

(850)528-5160

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:

True Care Network, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2870 Manila Palm Ct  
Tallahassee, FL 32309

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide pre-paid health care service plans for individuals without insurance coverage and poor credit histories.

**ARTICLE IV SHARES**

The number of shares of stock is:

1500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Yvonne Mosley  
President/CEO  
2870 Manila Palm Ct  
Tallahassee, FL 32309

**ARTICLE VI REGISTERED AGENT**

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


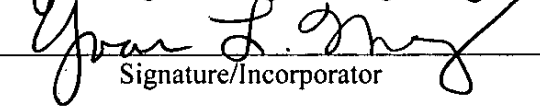
Yvonne Mosley  
2870 Manila Palm Ct  
Tallahassee, FL 32309

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Yvonne Mosley  
2870 Manila Palm Ct  
Tallahassee, FL 32309

\*\*\*\*\*  
*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  
  
\_\_\_\_\_  
Signature/Incorporator

8/2/07  
\_\_\_\_\_  
Date

8/2/07  
\_\_\_\_\_  
Date

**FILED**

07 AUG -2 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA