

P070000094170

(Requestor's Name)

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☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

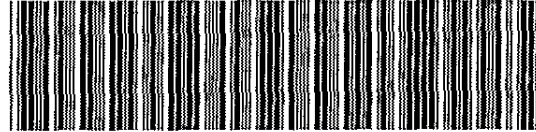
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 AUG 22 PM 4:06

JF 8/22/07

COVER LETTER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 AUG 22 PM 4:06

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

SUBJECT: SPECIAL CARE SERVICES, 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: MARIE NADIA AVRIL  
Name (Printed or typed)

3421 NW 43<sup>rd</sup> STREET  
Address

LAUDERDALE LAKES, FL 33309  
City, State & Zip

954-854-3855  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILLED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 AUG 22 PM 4:06

July 31, 2007

MARIE NADIA AVRIL  
3421 NW 43 STREET  
LAUDERDALE LAKES, FL 33309

SUBJECT: TENDER CARE SERVICES, INC.  
Ref. Number: W07000036833

We have received your document for TENDER CARE SERVICES, 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 document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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 corrected 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) 245-6973.

Claretha Golden  
Document Specialist  
New Filing Section

Letter Number: 707A00047348

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
07 AUG 22 AM 10:32

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 AUG 22 PM 4:06

**ARTICLE I NAME**

The name of the corporation shall be:

SPECIAL CARE SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

3421 NW 43<sup>rd</sup> STREET  
LAUDERDALE LAKES, FL 33309

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROVIDE SERVICES TO HOMEBOUND Individual

**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):

MARIE NADIA AVRIL, OWNER, DIRECTOR, PRESIDENT  
3421 NW 43<sup>rd</sup> STREET  
LAUDERDALE LAKES, FL 33309

**ARTICLE VI REGISTERED AGENT**

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

MARIE NADIA AVRIL  
3421 NW 43<sup>rd</sup> STREET LAUD LAKES, FL 33309

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MARIE NADIA AVRIL  
3421 NW 43<sup>rd</sup> STREET LAUD LAKES, FL 33309

\*\*\*\*\*  
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

Marie Nadia Avril  
Signature/Registered Agent  
Marie Nadia Avril  
Signature/Incorporator

8/20/07  
Date  
8/20/07  
Date