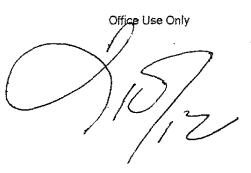
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# COVER LETTER

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

SUBJECT: Div	vine Care Services,	Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUTTIX)
Enclosed are an ori	ginal and one (1) copy of the arti	cles 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 CO	PY REQUIRED
FROM:	Ishtiaq Jinnah	(Printed or typed)	
	4541 NW 179 Stree	et Address	
	Miami Gardens, FL		
	(786)523-8072	elephone 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

The name of the corporation shall be:

# Divine Care Services, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Business Address: 4541 NW 179 Street

Mailing Address: 4541 NW 179 Street Miami Gardens, FL 33055

#### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: The power to engage in any and all lawful aspects of business.

Miami Gardens, FL 33055

#### ARTICLE IV SHARES

The number of shares of stock is:

100 shares, per value \$.01 per share, all of which will be common shares.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President 50%: Ishtiag Jinnah

4541 NW 179 Street

Miami Gardens, FL 33055

Vice President 50%: Barbara Servia 4541 NW 179 Street

Miami Gardens, FL 33055

# ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Ishtiaq Jinnah

4541 NW 179 Street, Miami Gardens, FL 33055

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ishtiaq Jinnah

4541 NW 179 Street, Miami Gardens, FL 33055

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

10 / 0 9/07 Date

Date:

FILED

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SECRETARY OF STATE