

P07000112541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

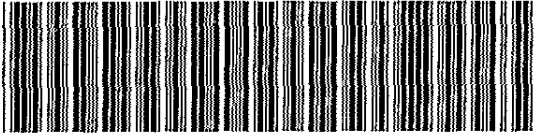
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

*[Handwritten Signature]*  
10/12



100110691421

10/12/07--01019--005 \*\*78.75

2007 OCT 12 PM 3: 52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

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

SUBJECT: Divine 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: Ishtiaq Jinnah  
Name (Printed or typed)

4541 NW 179 Street  
Address

Miami Gardens, FL 33055  
City, State & Zip

(786)523-8072  
Daytime Telephone number

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



**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (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*

*Ishtiaq Jinnah*

Signature/Registered Agent

*10/09/07*  
Date

*Ishtiaq Jinnah*

Signature/Incorporator

*10/09/07*  
Date

2007 OCT 12 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED