

PO7009120674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

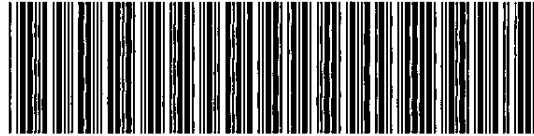
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/02/07--01040--008 **78.75

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07 NOV -2 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

COVER LETTER

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

SUBJECT: Care Trust Florida, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Loumarie Cobb
Name (Printed or typed)

6355 NW 36 St. Suite 401
Address

Miami, FL 33166
City, State & Zip

(787)366-0655
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:

Care Trust Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

The address of the principal office of this Corporation is: 6355 NW 36 St. Suite 401,
Miami, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Corporation shall engage in any activity or business permitted under the laws of
the United States and the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,000 @ \$1.00each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President - Loumarie Cobb
6355 NW 36St Suite 401
Miami, FL 33166

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ARTICLE VI REGISTERED AGENT

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

Carlos Lugo
6355 NW 36 St. Suite 401
Miami, Fl 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Loumarie Cobb
6355 NW 36 St. Suite 401
Miami, Fl 33166

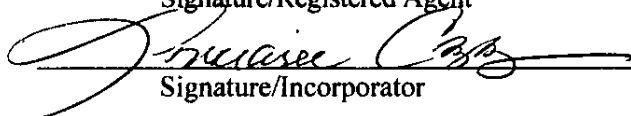
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

10/22/07

Date



Signature/Incorporator

10/22/07

Date

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TALLAHASSEE, FLORIDA