

P07000134352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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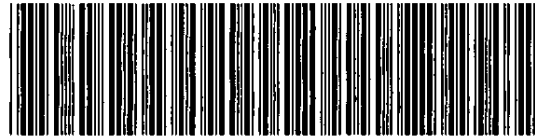
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC 24 PM 12:06

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EP 12/24/07



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2007

BARBARA BROWN

14315 NW 14TH STREET
PEMBROKE PINES, FL 33028

SUBJECT: SOLOMON'S ELDER CARE MANAGEMENT, INCORPORATED
Ref. Number: W07000058395

Incorporated

We have received your document for SOLOMON'S ELDER CARE MANAGEMENT, INCORPARATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

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) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 207A00068041

RECEIVED

07 DEC 24 AM 8:00

DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: Solomon's Elder Care Management, 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: Barbara Brown

Name (Printed or typed)

14315 NW 14th Street

Address

Pembroke Pines , FL 33028

City, State & Zip

954-274-7609

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:

Solomon's Elder Care Management , Incorporated

Incorporated
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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2448 N. University Drive
Pembroke Pines Fl, 33024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide care management to the Elderly in their home setting , to alleviate
Nursing Home Placemant

ARTICLE IV SHARES

The number of shares of stock is:

One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

BARBARA BROWN CEO/PRESIDENT
MELVIN SOLOMON VICE PRESIDENT
14315 NW 14TH STEET
PEMBROKE PINES, 33028

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ARTICLE VI REGISTERED AGENT

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

~~THE~~ BARBARA BROWN
14315 NW 14th Street
Pembroke Pines Fl. 33028

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Barbara Brown
14315 NW 14th Street,
Pembroke Pines, Fl. 33028

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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

12-17-07

Date

Signature/Incorporator

11/19/07

Date