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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Florida Care Givers Association 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

☐ \$78.75 Filing Fee & Certified Copy	☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Mitchel L. Young

Name (Printed or typed)

9900 West Sample Road, Suite 300

Address

Coral Springs, FL 33065

City, State & Zip

954-309-8132

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:

Florida Care Givers Association Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9900 West Sample Road, Suite 300, Coral Springs, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Living assistance services and any other lawful purpose

ARTICLE IV SHARES

The number of shares of stock is:

1000 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

**Mitchel Young
9900 West Sample Road, Suite 300,
Coral Springs, FL 33065
President and treasurer**

**Harriet Young
9900 West Sample Road, Suite 300
Coral Springs, FL 33065
Vice President and Secretary**

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ARTICLE VI REGISTERED AGENT

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

CSR

Law

Cory S. Robins, ESQ.

Law Office of Cory S. Robins, PA.

3876 Ste. La Street

Hollywood, FL 33021

954 983-0144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

M. K. Lele Young
9969 W. Simpson St Ste 300
(or) Spring, FL 33065

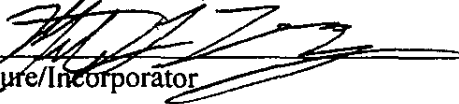
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Cory S. Robins, ESQ

Signature/Registered Agent

3-7-08

Date



Signature/Incorporator

3-7-08

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA