

P08000034304

(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:

Pauline Reid GAVE

AUTHORIZATION BY PHONE TO

CORRECT Art VI + VII

DATE 4/3/08

DOC. EXAM. BM

Office Use Only



400119675814

03/12/08--01014--003 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR -3 AM 11:00

APPROVED
AND
FILED

W08-13106

COVER LETTER

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

SUBJECT: Pauline's 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: Pauline Reid
Name (Printed or typed)

7121 NW 10th place
Address

Plantation, FL 33313
City, State & Zip

954 560-1318
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 12, 2008

PAULINE REID
7121 NW 10TH PLACE
PLANTATION, FL 33313

SUBJECT: PAULINE'S CARE SERVICES, INC.
Ref. Number: W08000013106

We have received your document for PAULINE'S CARE SERVICES, INC. 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.)

You must list at least one incorporator with a complete business street address.

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) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

Letter Number: 908A00015201



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2008

PAULINE REID
7121 NW 10TH PLACE
PLANTATION, FL 33313

SUBJECT: PAULINE'S CARE SERVICES, INC.
Ref. Number: W08000013106

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

You failed to make the correction(s) requested in our previous letter.

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.)

You must list at least one incorporator with a complete business street address.

Please complete articles VI and VII.

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) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

Letter Number: 908A00015201

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:

Pauline's Care Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7121 NW 10th place Plantation FL 33313

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide care services

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Pauline Reid is
President, Vice President, Secretary, and
Treasurer of this company.

APPROVED
AND
FILED

08 APR - 3 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Pauline Reid
7121 NW 10th place
Plantation, Fl. 33313

ARTICLE VII INCORPORATOR

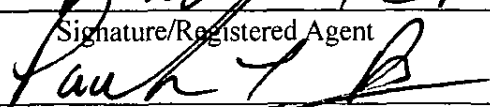
The name and address of the Incorporator is:

Pauline Reid
7121 NW 10th place
Plantation, Fl. 33313

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

3/19/08

Date

3/5/08

Date

APPROVED
AND
FILED

08 APR -3 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA