

PO8000042493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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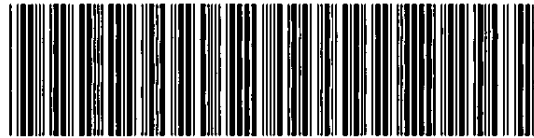
(Business Entity Name)

(Document Number)

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

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2008 APR 28 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers APR 28 2008

## COVER LETTER

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

SUBJECT: Long Term Care Consulting and Sales 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: Jose Luis Barbara  
Name (Printed or typed)

13385 86<sup>th</sup> Rd. N.  
Address

West Palm Beach, FL 33412  
City, State & Zip

305-772-8362  
Daytime Telephone number

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TALLAHASSEE, FLORIDA

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:

Long Term Care Consulting and Sales Services, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

13385 86<sup>th</sup> Rd. N.

West Palm Beach, FL 33412

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Professional Corporation

### **ARTICLE IV SHARES**

The number of shares of stock is:

100

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Jose Luis Barbara, *President*

13385 86<sup>th</sup> Rd. N.

West Palm Beach, FL 33412

### **ARTICLE VI REGISTERED AGENT**

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

Jose Luis Barbara

13385 86<sup>th</sup> Rd. N.

West Palm Beach, FL 33412

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Jose Luis Barbara

13385 86<sup>th</sup> Rd. N.

West Palm Beach, FL 3341

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TALLAHASSEE, FLORIDA

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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

\_\_\_\_\_  
Signature/Incorporator

4/24/08  
\_\_\_\_\_  
Date

4/24/08  
\_\_\_\_\_  
Date