

P 08000099807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

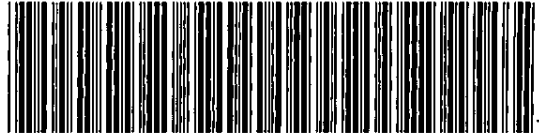
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200137652172

11/07/08--01010--023 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV -7 PM 4:21

gf 11/7/08

**LEROY WALLACE
1972 S.W. FLOWER LANE
PORT ST. LUCIE, FL 34953**

OCTOBER 31, 2008

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV -7 PM 4:21

Dear Sir or Madam:

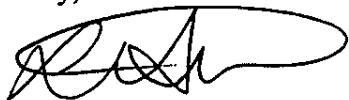
RE: EXQUISITE ADULT CARE, INC.

In regards to the above-captioned Corporation, please find enclosed the following documents:

1. **Articles of Incorporation**
2. **Check in the amount of Seventy-Eight Dollars and Seventy-five Cents (\$78.75) made payable to Florida Dept. of State.**

Please proceed accordingly. Thank you.

Sincerely,



LEROY WALLACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV -7 PM 4:21

ARTICLES OF INCORPORATION

OF

EXQUISITE ADULT CARE, INC.

The undersigned subscriber to these Articles of Incorporation is a natural person
competent to contract hereby form a corporation under the laws of the State of Florida.

ARTICLE I.

NAME

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV -7 PM 4:21

The name of the Corporation shall be

EXQUISITE ADULT CARE, INC.

The principal place of business of this corporation shall be **3656 S.W. MASILUNAS AVENUE, PORT ST. LUCIE, FLORIDA 34953**

ARTICLE II.

NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful, business or activities as permitted under the laws of the United States, State of Florida or any other State.

ARTICLE III.

CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is **1000 shares** of common stock having **\$1 par** value per share.

ARTICLE IV.

ADDRESS

The street address of the initial registered office of the corporation shall be: **1972 S.W. FLOWER LANE, PORT ST. LUCIE, FL 34953**, and the name of the registered agent is **LEROY WALLACE**.

ARTICLE V.

TERM OF EXISTENCE

This corporation shall exist perpetually. Every shareholder upon the sale for cash of any new stock of this corporation of the same kind, class, or series as that which he already holds, shall have the right to purchase his pro rata share thereof at the price at which it is offered to others.

ARTICLE VI.

DIRECTORS

The names and post address of the members of the first Board of Directors; these said people are the subscribers of these Articles of Incorporation:

Name	Post Office Address
LEROY WALLACE	1972 S.W. FLOWER LANE PORT ST. LUCIE, FL 34953

ARTICLE VII.

The name and post office address of each subscriber to these Articles of Incorporation, the number of shares of stock each agrees to take and the value of the consideration thereof, the proceeds of which amount to:

NAME	ADDRESS	NO. OF SHARES	VALUE
LEROY WALLACE	1972 S.W. FLOWER LANE PORT ST. LUCIE, FL 34953	1000	\$1

IN WITNESS WHEREOF, I/We , the undersigned, being the original subscribers to the capital stock herein above named, for the purpose of forming a corporation to do business in the State of Florida, do make and file these Articles of Incorporation, hereby declaring and certifying that the facts herein stated are true, and do respectively agree to take the number of shares, herein above set forth, and hereunto set our hands seals this 3RD **day of NOVEMBER, 2008.**

SIGNED, SEALED AND DELIVERED

In the presence of:

A handwritten signature in black ink, appearing to read 'Leroy Wallace', is written over a horizontal line.

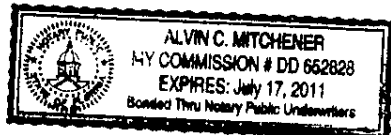
LEROY WALLACE

STATE OF FLORIDA)

COUNTY OF BROWARD)

BEFORE ME, the undersigned authority, an officer duly authorized to administer oaths and take acknowledgements **LEROY WALLACE**, who personally appeared to me, well known to be the person who executed the foregoing Articles of Incorporation, and they executed the same freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal this 3RD day of **NOVEMBER, 2008**, at
Fort Lauderdale, Broward County.




NOTARY PUBLIC, State of Florida

My Commission Expires:

07/17/11

**LEROY WALLACE, LOCATED AT 1972 S.W. FLOWER LANE, PORT ST.
LUCIE, FLORIDA 34953**

**HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR
THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN
THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I
FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUTES
RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY
DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION
607.325 FLORIDA STATUTES.**

SIGNATURE: 

DATE: 11/3/08

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV -7 PM 4:21**