

P090000009894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

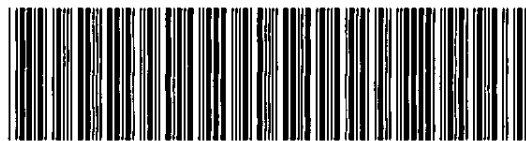
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800142350998

02/02/09--01006--026 \*\*137.50

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

09 FEB -2 AM 11:19

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 FEB -2 AM 11:25

FILED

B. McKnight FEB 02 2009

To: Whom it may concern  
I have no intention of re-instating  
the corporation named Caretaker's Service, Inc.

Patricia A. Singlet

FILED  
09 FEB -2 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Caretaker's 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Patricia A. Singleton  
Name (Printed or typed)

903 N. Monroe St., #2  
Address

Tallahassee, FL 32303  
City, State & Zip

850-513-0002  
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:

Caretaker's Services, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

903 N. Monroe St. #2  
Tallahassee, FL 32303

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Provide Services and housing for  
Person With disabilities and children

## 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):

Amber L Williams      Stephanie E Jones  
Rocquale P. Jones  
Cassandr O'Neal

## ARTICLE VI REGISTERED AGENT

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

Patricia A. Singleton  
171 O'Neal Way, Havana, FL 32333

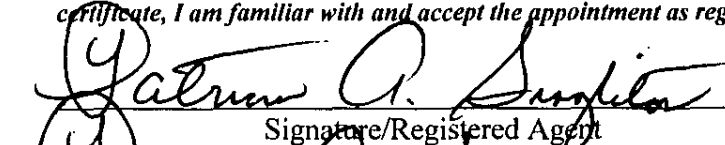
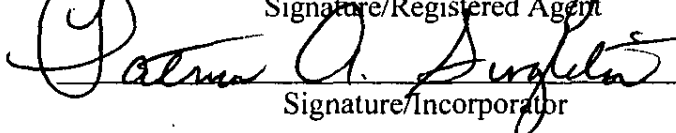
## ARTICLE VII INCORPORATOR

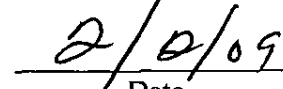
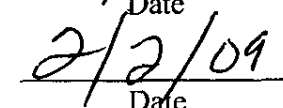
The name and address of the Incorporator is:

Patricia A. Singleton  
171 O'Neal Way  
Havana, FL 32333

\*\*\*\*\*

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

  
Date  
  
Date

FILED  
09 FEB -2 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA