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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch FEB 6 2009

COVER LETTER

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

SUBJECT: Nolan Caring Management, 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: RITA A. Nolan
Name (Printed or typed)

3518 Harwich Ct.
Address

Greenacres FL 33467
City, State & Zip

561-758-6402
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:

Nolan Caring Management, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3518 Harwich Ct. Greenacres, FL 33467

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

for any and all lawful business.

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):

NOLAN, RITA A. President
3518 Harwich Ct Greenacres, FL 33467

NOLAN, STEVEN G. Vice President
3518 Harwich Ct. Greenacres, FL 33467

ARTICLE VI REGISTERED AGENT

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

3518 Harwich Ct
Greenacres, FL 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RITA A. NOLAN
3518 Harwich Ct
Greenacres FL 33467

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 RITA A NOLAN

1/31/09

Date



Signature/Incorporator

RITA A. NOLAN

1/31/09

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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