

P09000021548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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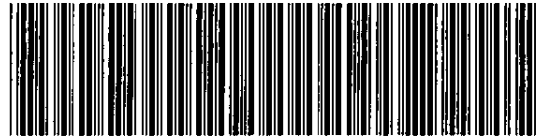
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED

09 MAR -6 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: DAVID L. MCKENZIE INDEPENDENT CARE, 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: DAVID L. MCKENZIE INDEPENDENT CARE
Name (Printed or typed)

8750 NORTH SHERMAN CIRCLE #208
Address

MIRAMAR, FL 33025
City, State & Zip

954-789-5228
Daytime Telephone number

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

APPROVED
AND
FILED
09 MAR -6 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

DAVID L. MCKENZIE INDEPENDENT CARE, *INC.*

ARTICLE II PRINCIPAL OFFICE

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

8750 NORTH SHERMAN CIRCLE #208 MIRAMAR FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ELDERLY CARE SERVICE

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):

DAVID L. MCKENZIE
8750 NORTH SHERMAN CIRCLE #208
MIRAMAR, FL 33025
DIRECTOR, PRESIDENT, CEO

ARTICLE VI REGISTERED AGENT

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

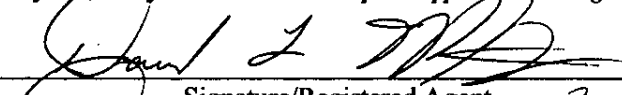
DAVID L. MCKENZIE
8750 NORTH SHERMAN CIRCLE #208
MIRAMAR, FL 33025

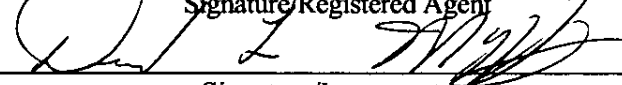
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAVID L. MCKENZIE
8750 NORTH SHERMAN CIRCLE #208
MIRAMAR, FL 33025

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

2/22/09

Date

2/22/09

Date