

PO9 000656585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

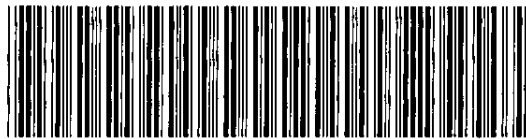
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 JUL - 1 PM 1:39

CLERK OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

09 JUL - 1 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JUL 01 2009

COVER LETTER

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

SUBJECT: Corbett's Elderly Cares Get 4 Anywhere
(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:

Sherika Corbett

Name (Printed or typed)

2906 Prospect St

Address

TALLA, FLA 32301

City, State & Zip

850-345-3817

Daytime Telephone number

sherikabard@a-yahoo.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Corbett's Elderly CARES GET U
Anywhere INC.

ARTICLE II PRINCIPAL OFFICE

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

2906 Prospect St.
Tallahassee FL 32301

P.O. Box 1036
Woodville, FL
32362

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL

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):

Sherika Corbett & Kendrick
Corbett

ARTICLE VI REGISTERED AGENT

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

Sherika Corbett
2906 Prospect St.
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sherika Corbett
2906 Prospect St
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Sherika Corbett

Signature/Registered Agent

Sherika Corbett

Signature/Incorporator

7-1-09

Date

7-01-09

Date