

P09000064626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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09 JUL 29 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EP 7/30/09

W090000 33271



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 21, 2009

ERIKA ALVAREZ  
1150 19TH AVE SW  
VERO BEACH, FL 32962

SUBJECT: LYMPHEDEMA CARE INC  
Ref. Number: W09000033271

We have received your document for LYMPHEDEMA CARE INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson  
Regulatory Specialist II  
New Filing Section

Letter Number: 009A00025037

RECEIVED  
DEPARTMENT OF STATE  
09 JUL 29 AM 11:05

## COVER LETTER

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

SUBJECT: LYMPHEDEMA 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Erika Alvarez  
Name (Printed or typed)

1150 19th AVE SW

Address

VERO BEACH FL 32962

City, State & Zip

772/2994892

Daytime Telephone number

erikabw@bellsouth.net

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

**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:

LYMPHEDEMA CARE INC

## ARTICLE II PRINCIPAL OFFICE

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

1150 19TH AVE SW VERO BEACH FL 32962

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE HOME HEALTH CARE

## 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):

ERIKA ALVAREZ, PRESIDENT

## ARTICLE VI REGISTERED AGENT

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

ERIKA ALVAREZ  
1150 19TH AVE SW VERO BEACH FL 32962

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ERIKA ALVAREZ, 1150 19TH AVE SW VERO BEACH FL 32962

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*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

Date

Signature/Incorporator

Date

FILED  
09 JUL 29 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7/17/09

07/17/2009