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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 11 2009
D.A. WHITE

COVER LETTER

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

SUBJECT: R + P Luv and 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: Ranisha M. Mitchell
Name (Printed or typed)

7075 C.R. 213 6
Address

Wildwood, FL 34785
City, State & Zip

352-748-2690
Daytime Telephone number

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)

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ARTICLE I NAME

The name of the corporation shall be: *R + P Luv and Care Inc.*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: *7075 C.R 213*

*Wildwood, FL.
34785*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *Health Care and Social Assistance*

ARTICLE IV SHARES

The number of shares of stock is: *one*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Ronisha M. Mitchell (President) 7075 C.R 213 Wildwood, FL. 34785
PATRICIA A. HARRISON (Vice President) 7075 C.R 213 Wildwood, FL. 34785

ARTICLE VI REGISTERED AGENT

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

Ronisha M. Mitchell 7075 C.R 213 Wildwood, FL. 34785

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ronisha M. Mitchell 7075 C.R 213 Wildwood, FL. 34785
PATRICIA A. HARRISON 7075 C.R 213 Wildwood, FL. 34785

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

Ronisha M. Mitchell

Signature/Registered Agent

8/6/09

Date

Patricia A. Harrison

Signature/Incorporator

8/6/09

Date