

FD9000077569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

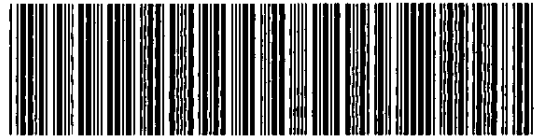
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08/27/09--01014--006 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP 16 PM 1:33

APPROVED
AND
FILED

VH

09-28288

COVER LETTER

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

SUBJECT: Sharon White Customer 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: Sharon White
Name (Printed or typed)

3001 NW 162 ST
Address

Miami Gardens, FL 33054
City, State & Zip

786-312-4792
Daytime Telephone number

Sharon White taxes @ yahoo.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2009

SHARON WHITE
3001 NW 162 ST
MIAMI GARDEN, FL 33054

SUBJECT: SHARON WHITE CUSTOMER CARE INC
Ref. Number: W09000038988

We have received your document for SHARON WHITE CUSTOMER 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 state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 909A00029060

APPROVED
AND
FILED

09 SEP 16 PM 1:33

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:

Sharon White Customer Care Inc

ARTICLE II PRINCIPAL OFFICE

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

3001 NW 162 St
Miami Gardens, Fla. 33054

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Customer 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):

ARTICLE VI REGISTERED AGENT

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

Sharon White
3001 NW 162 ST
Miami Gardens, FL 33054

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sharon White
3001 NW 162 ST
Miami Gardens, FL 33054

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

Sharon A White

Signature/Registered Agent

Sharon A White

Signature/Incorporator

8-24-09

Date

8-24-09

Date