

P09000090540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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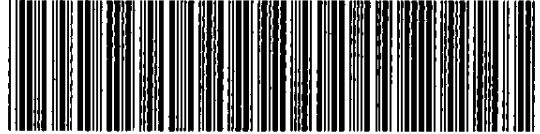
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 NOV -2 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 11/3/09

COVER LETTER

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

SUBJECT: TENDER CARE OF ST AUGUSTINE, 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: ANGIE DAVID
Name (Printed or typed)

PO BOX 5159
Address

SPRING HILL, FL 34611
City, State & Zip

352-666-3903
Daytime Telephone number

ANGIE@TENDERCARECENTERS.COM
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:

TENDER CARE OF ST AUGUSTINE, INC

ARTICLE II PRINCIPAL OFFICE

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

306 BEVERLY CT PO BOX 5159
SPRING HILL, FL 34606 SPRING HILL, FL 34611

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Prescribed PEDIATRIC DAY CARE FACILITY

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):

PHILIP MAZZUCCO, PRES
PO BOX 5159
SPRING HILL, FL 34611

BRIAN VERMETTE, VP
1821 SE 4TH AVE
FT LAUDERDALE, FL 33316

ARTICLE VI REGISTERED AGENT

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

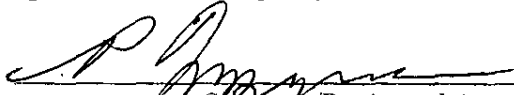
PHILIP MAZZUCCO
8090 SUGAR BUSH DR
SPRING HILL, FL 34606

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PHILIP MAZZUCCO
8090 SUGAR BUSH DR
SPRING HILL, FL 34606

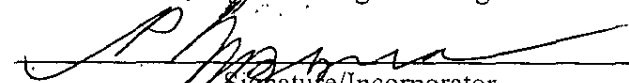
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

10/29/09

Date



Signature/Incorporator

10/29/09

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA