

P10000011905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

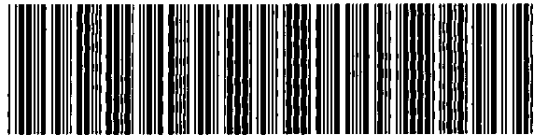
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-10-10 S

COVER LETTER

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

SUBJECT: Lotto Cares 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: Glenda B. Lotow

Name (Printed or typed)

21433 NE 51 Ave.

Address

Earleton, Florida 32631

City, State & Zip

352-538-2015

Daytime Telephone number

glotow@gmail.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:
Lotto Cares Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
*21433 NE 51 Ave
Earleton, Florida 32631*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Engage in any business.

ARTICLE IV SHARES

The number of shares of stock is:
1000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
*Glenda B. Lotow, President, Secretary & Treasurer
21433 NE 51 Ave.
Earleton, Florida 32631*

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
*James F. Gray
3615 - B NW 13 St.
Gainesville, Florida 32609*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
*Glenda B. Lotow
21433 NE 51 Ave.
Earleton, Florida 32631*

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]

Signature/Registered Agent
[Signature]

Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/3/2010

Date
2/3/2010

Date