

P10000040453

(Requestor's Name)

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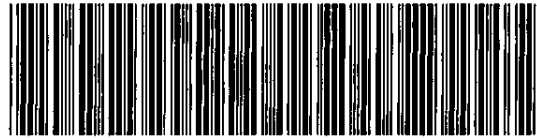
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 10 PM 3:56

11

COVER LETTER

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

SUBJECT: Prominent 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: Roxan Parker
Name (Printed or typed)

P.O. Box 18141
Address

West Palm Beach, FL 33416
City, State & Zip

561-891-3984
Daytime Telephone number

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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be:
PROMINENT CARE INC.

MAY 10 PM 3:58

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
1320 WOODCREST ROAD EAST, WEST PALM BEACH, FL 33417

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- ❖ TO PROVIDE EMPLOYMENT OPPORTUNITIES TO INDIVIDUALS AS A HOME HEALTH AGENCY SERVICING OTHER CORPORATE ENTITIES WHO ARE SEEKING PERMENENT, TEMPORARY LONG AND SHORT TERM EMPLOYEES FOR VARIOUS TYPES OF EMPLOYMENT ASSIGNMENTS.
- ❖ TO IMPLEMENT CERTIFIED TRAINING IN THE AREA'S OF CERTIFIED NURSES ASSISTANT, HOME HEALH AIDE AND CPR.
- ❖ TO PROVIDE TRANSPORTATION SERVICES TO SENIOR CITIZENS

AND ANY OTHER BUSINESS OR BUSINESSES AS IT MAY RELATE TO THE ABOVEV AGENCY SERVICES.

ARTICLE IV SHARES

The number of shares of stock is:
THE NUMBER OF STOCK SHALL BE 100
ROXAN PARKER SHALL HOLD 50% OF THE 100 SHARES
NATILIE CHRISTLE SHALL HOLD 50% OF THE 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
PRESIDENT – ROXAN PARKER, 4810 ORLEANS COURT, WEST PALM BEACH, FL 33415

VICE-PRESIDENT - NATALIE CHRISTLE, 1320 WOODCREST ROAD EAST, WEST PALM BEACH, FL 33417

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
NATALIE CHRISTIE, 1320 WOODCREST ROAD EAST, WEST PALM BEACH, FL 33417

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
ROXAN PARKER, 4810 ORLOANS COURT, WEST PALM BEACH, FL 33415

ARTICLE VIII DISSOLUTION

Upon the dissolution and winding up of the organization, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be split equally among the existing shareholders.


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

5/6/10

Date



Signature/Incorporator

5/6/10

Date

APPROVED
AND
FILED

10 MAY 10 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA