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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5-20-10 89

COVER LETTER

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

SUBJECT: Specialized CARE Incorporated
(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: Anna Reyes
Name (Printed or typed)

5100 Fillmore PLACE
Address

SANFORD, FLORIDA 32773
City, State & Zip

(407) 668-0568
Daytime Telephone number

reyeslouie@yahoo.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:

Specialized CARE INC.

ARTICLE II PRINCIPAL OFFICE

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

5100 Fillmore Place
Sanford, FL 32773

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide specialized

staffing for physical therapy and nursing services

ARTICLE IV SHARES

The number of shares of stock is:

no
\$60,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARIA R. GOMEZ - CEO
ANNA G. REYES - Board Members
MINERVA REYES
ANA MARIE GOMEZ

ARTICLE VI REGISTERED AGENT

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

ANNA REYES 5100 Fillmore Place
Sanford, FL 32773

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARIA R. GOMEZ
5552 OAKWORTH PLACE
SANFORD, FL 32773

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

me Anna Reyes
Signature/Registered Agent

[Signature]
Signature/Incorporator

5/16/10
Date

5/16/10
Date

FILED
10 MAY 19 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA