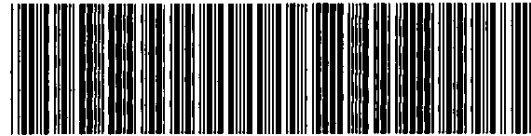


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06/07/10--01021--005 **78.75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-4-9
2009

COVER LETTER

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

SUBJECT: Q CARE 4 YOU, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: MURRAY J COHEN P.A.

Name (Printed or typed)

10330 CAMELBACK LANE

Address

BOCA RATON, FL. 33498

City, State & Zip

561-482-8682

Daytime Telephone number

ERONOH@AOL.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:

Q CARE 4 YOU, INC

ARTICLE II PRINCIPAL OFFICE

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

9118522 44 PLACE N

LOXAHATCHEE, FL.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LEGAL SERVICES

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):

PHYLLIS QUAMMIE
9118522 44 PLACE N
LOXAHATCHEE, FL
PRES

ARTICLE VI REGISTERED AGENT

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

MURRAY J COHEN P.A.

10330 CAMELBACK LN

BOCA RATON, FL 33498

ARTICLE VII INCORPORATOR

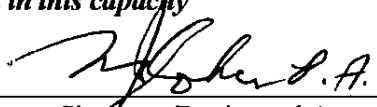
The name and address of the Incorporator is:

MURRAY COHEN

10330 CAMELBACK LN

BOCA RATON, FL 33498

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



Signature/Incorporator

6/2/10

Date

6/2/10

Date

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2010 JUN -7 A 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA