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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

OK per maribel to correct
Article I + IV

Office Use Only



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

REF. Number: W10000047793

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

SUBJECT: XTREME CARE / Maribel Velez Incorporation
(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: MARIBEL VELEZ
Name (Printed or typed)

6912 Reindeer Rd.
Address

Tampa, Florida
City, State & Zip

(813) 770-3508
Daytime Telephone number

XTREMECARE777@AOL.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

Enclosed is a corrected form
A check was sent already and cashed.

Thank You!!
←



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2010

MARIBEL VELEZ
6912 REINDEER RD
TAMPA, FL 33619

SUBJECT: XTREMECARE/MARIBEL VELEZ
Ref. Number: W10000047793

We have received your document for XTREMECARE/MARIBEL VELEZ and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

An effective date may be added to the Articles of Incorporation **if a 2011 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6929.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 710A00024108

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: **XTREMECARE/MARIBEL VELEZ , Incorporated**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
6912 REINDEER ROAD
TAMPA, FLORIDA 33619

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide services such as: Companion, In Home Support Services, Personal Care Assitant, Support Living Couch and Respite to Mentally Handicap Adults.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **MARIBIEL VELEZ-SOLE OWNER** Name and Title: _____
Address: **6912 REINDEER ROAD** Address: _____
TAMPA, FLORIDA 33619 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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


Name: **Maribel Velez**
Address: **6912 Reindeer Rd.**
Tampa, Florida 33619

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Maribel Velez**
Address: **6912 Reindeer Rd.**
Tampa, Florida 33619

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

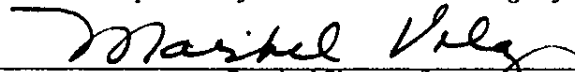


Required Signature/Registered Agent

10-20-2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

10-20-2010

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT 25 PM 3:06