

P11000021514

(Requestor's Name)

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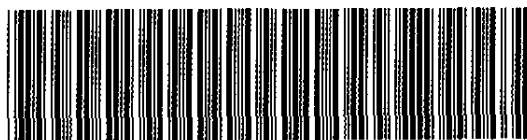
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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11 MAR -4 PM 3:58

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Handwritten signature/initials

COVER LETTER

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

SUBJECT: Caretaker's Services, 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: Patricia A. Singleton  
Name (Printed or typed)

171 O'Neal Way  
Address

Havana, FL 32333  
City, State & Zip

850-509-4594  
Daytime Telephone number

Patsingleton1@att.net  
E-mail address: (to be used for future annual report notification)

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

J Patrum A Singleton Will  
Not Revoke the Dissolution of  
Caretake's Series, Inc. Document #  
P.090000009894.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Patrum A. Singleton 3/4/11

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:

Caretaker's Services, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

903 N. Monroe St. #2  
Tallahassee, FL 32303

Mailing address, if different is:

171 O'Neal Way  
Havana, FL 32333

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide Services for the Elderly  
and Persons with disabilities, also transportation

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Patricia A. Singleton  
Address:

171 O'Neal Way  
Havana, FL 32333

Name and Title: Cassandra O'Neal - Director  
Address:

903 N. Monroe St  
#2  
Tallahassee, FL 32303

Name and Title: Amber William - Director  
Address:

903 N. Monroe St.  
#2  
Tallahassee, FL 32303

Name and Title: Rocquela P. Jones - Director  
Address:

903 N. Monroe St  
#2  
Tall, FL 32303

Name and Title: Stephanie E. Jones - Director  
Address:

903 N. Monroe St  
#2  
Tall, FL 32303

Name and Title:  
Address:

**ARTICLE VI REGISTERED AGENT**

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

Name: Patricia A. Singleton  
Address:

171 O'Neal Way  
Havana, FL 32333

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Patricia A. Singleton  
Address:

171 O'Neal Way  
Havana, FL 32333

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

Patricia A. Singleton  
Required Signature/Registered Agent

3/4/11  
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.

Patricia A. Singleton  
Required Signature/Incorporator

3/4/11  
Date

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TALLAHASSEE, FLORIDA