

P11000032739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700199784137

03/30/11--01014--017 **78.75

FILED
11 MAR 30 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 04/04/11

COVER LETTER

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

SUBJECT: Pastoral Care Associates, 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: Rev. Dr. Thomas L. Norris

Name (Printed or typed)

731 N.W. 92nd Avenue

Address

Pembroke Pines, FL 33024

City, State & Zip

786-201-2468

Daytime Telephone number

greywolf12@comcast.net

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

Pastoral Care Associates, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
731 N.W. 92nd Avenue
Pembroke Pines, FL 33024

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Pastoral Care Associates is a business organized to provide pastoral and spiritual counseling, guidance and care to those in need.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rev. Dr. Thomas L. Norris, President
Address: 731 N.W. 92nd Avenue
Pembroke Pines, FL 33024

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Rev. Dr. Thomas L. Norris
Address: 731 N.W. 92nd Avenue
Pembroke Pines, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rev. Dr. Thomas L. Norris
Address: 731 N.W. 92nd Avenue
Pembroke Pines, FL 33024

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

Rev. Dr. Thomas L. Norris
Required Signature/Registered Agent

3/26/11
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.

Rev. Dr. Thomas L. Norris
Required Signature/Incorporator

3/26/11
Date

FILED
11 MAR 30 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA