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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

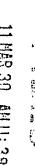
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SEURCIARY OF STATE TALLAHASSEE, FLORIDA



or ory/04/1)

COVER LETTER

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

SUBJECT: Pastoral Care Associat	es, Inc.
(PROPOSED CORPORA)	TE NAME – <u>MÜST INCLÜDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Rev. Dr. Thomas L. Norris	(Printed or typed)
731 N.W. 92nd Avenue	ddress
Pembroke Pines, FL 330	
786-201-2468 Daytime Te	elephone number
greywolf12@comcast.ne E-mail address: (to be used	t for future annual report notification)

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II	PRINCIPAL OFFICE	***	
_	Principal street address	Mailing a	ddress, if different is:
	731 N.W. 92nd Avenue		
ł.	Pembroke Pines, FL 33024		
RTICLE III	PURPOSE:		
	hich the corporation is organized is:		
Pastoral Car	e Associates is a business organized	to provide pastoral a	nd spiritual counseling
guidance and	d care to those in need.		
	·		
RTICLE IV	SHARES		
	res of stock is: 10,000		
	·	•	
	INITIAL OFFICERS AND/OR DIRECTOR itle: Rev. Dr. Thomas L. Norris, Presiden		
Address:	731 N.W. 92nd Avenue		<u>, , , , , , , , , , , , , , , , , , , </u>
	Pembroke Pines, FL 33024		
Nome and T	itle:	Name and Title:	
Address:	ute:		
Addiess.			
Name and T		Name and Title	
Address:	itle:		
ragioss.			
	REGISTERED AGENT		t.
	rida street address (P.O. Box NOT acceptable) of		7 0. -1 .
Name:	Rev. Dr. Thomas L. Norris		
Address:	731 N.W. 92nd Avenue	-	AR AR
	Pembroke Pines, FL	-	N 30
RTICLE VII	INCORPORATOR		SYLE O
	Iress of the Incorporator is:		
Name:	Rev. Dr. Thomas L. Norris	-	TO THE STATE OF
Address:	731N.W. 92nd Avenue	**	
	Pembroke Pines, FL 33024	-	₽ ₩ ₩
laving been nam	ed as registered agent to accept service of process	for the above stated corpo	oration at the place designated
is certificate, I ai	n familiar with and accept the appointment as reg	istered agent and agree to a	ct in this capacity
)	1 11.		0.100.14.4
KW. VX	Mamas L. Who		3/26/11
	Required Signature/Registered Agent		Date
submit this docu	ment and affirm that the facts stated herein are	true. I am aware that the	false information submitted i
	epartment of State constitutes a third degree felony		
			0.004.5
	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		3/26/11
Levi Dr	Required Signature/Incorporator		Date