

COVER LETTER

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

SUBJECT: INSTITUTE FOR ELDER CARE RESOURCES, 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: PAM ANDERSON
Name (Printed or typed)
12520 6th St EAST
Address
TREASURE ISLAND FL 33706
City, State & Zip
727-360-8043
Daytime Telephone number
BEAMBEAR@MSN.COM
E-mail address: (to be used for future annual report notification)

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

ATTACHED TO NEW FILING PAPERS.

6/16/11

TO: The Amendment Section

Division of Corporations, State of Florida

Attached you will find 2 copies of the Articles of Dissolution and, the Notice of Corporate Dissolution for the Institute of Elder Care Resources, filed erroneously as a 'not for profit' with the State of Florida, January, 2011, Document #N11000000260. The resolution passed by the directors indicates that the corporation: **DOES NOT INTEND TO REVOKE THE NAME**, as it is filing under separate mailing for incorporation, correctly, as a for profit corporation with the State.

I am enclosing a copy of the new filing referencing the same name "Institute for Elder Care Resources". Please note this intention to not revoke the name with the corporate dissolution as a not for profit corporation.

Thank you for your assistance.



Pam Anderson

727-360-8043

12520 6th st east

Treasure Island, FL 33706

RECEIVED
JUN 20 2011

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6/20/11

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: INSTITUTE FOR ELDER CARE RESOURCES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
12520 6TH ST EAST
TREASURE ISLAND, FL
33706

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF
ENGAGING IN ANY ACTIVITIES OR BUSINESS PERMITTED UNDER
THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>VALERIE PALLA, PRES.</u>	Name and Title: _____
Address: <u>12520 6TH ST EAST</u>	Address: _____
<u>TREASURE ISLAND, FL</u>	_____
<u>33706</u>	_____

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: VALERIE PALLA
Address: 12520 6TH ST EAST
TREASURE ISLAND, FL 33706

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PAM ANDERSON
Address: 12520 6TH ST EAST
TREASURE ISLAND, FL 33706

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

Valerie S. Palla
Required Signature/Registered Agent

6/16/11
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.

Pam Anderson
Required Signature/Incorporator

6/16/11
Date