

P11000078400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

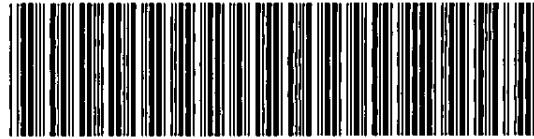
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/06/11--01025--014 **87.50

RECEIVED
11 SEP -6 PM 2:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 SEP -6 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers SEP 6 2011

COVER LETTER

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

SUBJECT: Plantation Unique Care 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: Wanda F. Wilson

Name (Printed or typed)

2510 St Augustine Rd

Address

Monticello, FL 32344

City, State & Zip

850-980-3335

Daytime Telephone number

@

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

The name of the corporation shall be: Plantation Unique Care Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
Wanda Wilson
2510 St Augustine Rd
Monticello, FL 32344

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
start new business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Wanda Wilson, President
Address: 2510 St Augustine Rd
Monticello, FL 32344

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: Wanda Wilson
Address: 2510 St Augustine Rd
Monticello, FL 32344

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

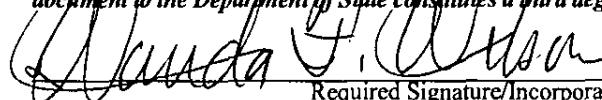
Name: Wanda Wilson
Address: 2510 St Augustine Rd
Monticello, FL 32344

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

9/6/11
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.


Required Signature/Incorporator

9/6/11
Date

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TALLAHASSEE, FLORIDA
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