

P11000089244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

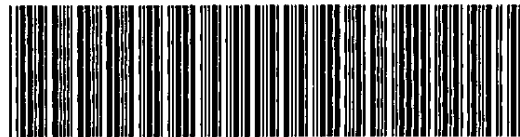
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500213165135

10/11/11--01023--003 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 OCT 11 PM 1:11

for 10/12/11

COVER LETTER

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

SUBJECT: PRISTINE 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: CHRISTOPHER EDGHILL JR.
Name (Printed or typed)

4921 N.W. 54 STREET
Address

COCONUT CREEK FLORIDA 33073
City, State & Zip

352-258-0649
Daytime Telephone number

CAEDGHILL@yahoo.com.
E-mail address: (to be used for future annual report notification)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 OCT 11 PM 1:11

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: PRISTINE CARE INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal street address

4921 N.W. 54 STREET
COCONUT CREEK
FLORIDA 33073

Mailing address, if different: 11 PM 1:11

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO OPERATE HEALTH FACILITIES, AND ANY OTHER
BUSINESS THE BOARD OF DIRECTORS AUTHORIZE.

ARTICLE IV SHARES

The number of shares of stock is:

100 - ONE HUNDRED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRISTOPHER EDGILL JR. PRESIDENT

Address: 4921 N.W. 54 STREET Address: _____

COCONUT CREEK
FLORIDA 33073

Name and Title: CHRISTINE EDGILL Y. PRESIDENT

Address: 1413 N.W. 80 AVE. Address: _____

BLDG 16B
MARGATE, FLORIDA 33063

Name and Title: MARLENE EDGILL TREASURER

Address: 4921 N.W. 54 ST. Address: _____

COCONUT CREEK
FLORIDA 33073

ARTICLE VI REGISTERED AGENT

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

Name: CHRISTINA EDGILL

Address: 1413 N.W. 80 AVE BLDG 16B

MARGATE FLORIDA 33063

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: CHRISTOPHER EDGILL JR.

Address: 4921 N.W. 54 STREET
COCONUT CREEK FLORIDA 33073

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

[Signature]
Required Signature/Registered Agent

10/5/11
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.

[Signature]
Required Signature/Incorporator

10/5/11
Date