

P/2000056962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

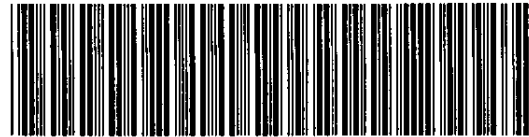
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/22/12--01028--008 **78.75

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12 JUN 22 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 06/25/12

COVER LETTER

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

SUBJECT: DCJ Professional 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: Daimion Johnson

Name (Printed or typed)

5817 NW 49th Lane

Address

Coconut Creek, FL 33073

City, State & Zip

954-464-6617

Daytime Telephone number

daimionj15@gmail.com

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 DCJ Professional Care Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
5817 NW 49th Lane
Coconut Creek, FL 33073

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daimion Johnson - President
Address: 5817 NW 49th Lane
Coconut Creek, FL 33073

Name and Title: _____
Address: _____

Name and Title: Daimion Johnson - Secretary
Address: 5817 NW 49th Lane
Coconut Creek, FL 33073

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:

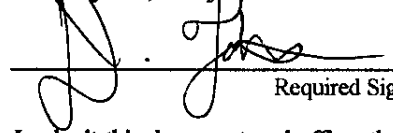
Name: Daimion Johnson
Address: 5817 NW 49th Lane
Coconut Creek, FL 33073

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daimion Johnson
Address: 5817 NW 49th Lane
Coconut Creek, FL 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

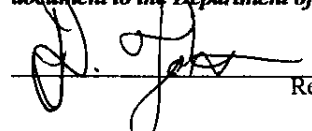


Required Signature/Registered Agent

06/19/2012

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

06/19/2012

Date

FILED
JUN 22 PM 4:34
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE