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SECRETARY OF STATE
DIVISION OF CORPORATIONS

PS sf10/12

COVER LETTER

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

SUBJECT: The Golden Team Care Services Incorporated
(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: Melida V. Escobar

Name (Printed or typed)

512 Pineview Street

Address

Altamonte Springs, Florida 32701-7949

City, State & Zip

(407)782-1059

Daytime Telephone number

* TGTCs Florida & naca2000@yahoo.com
E-mail address: (to be used for future annual report notification)
gmail.com

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

* tgtrcsflorida@gmail.com

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

THE GOLDEN TEAM CARE SERVICES INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

512 Pineview Street, Altamonte Springs, Fla 32701-7949

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To perform any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1,000 Shares No-Par Value Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Melida V. Escobar

Address: 512 Pineview Street Altamonte Springs, FL 32701-7949

President

Name and Title: Cecilia M. Pena

Address: 512 Pineview Street Altamonte Springs, FL 32701-7949

Treasurer- Secretary

Name and Title: Aldo Escobar

Address: Vice-President

512 Pineview St
Altamonte Sp FL 32701-7949

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: Melida V. Escobar

Address: 512 Pineview Street, Altamonte Springs, FL 32701-7949

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Melida V. Escobar

Address: 512 Pineview Street, Altamonte Springs, FL 32701-7949

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

08/02/2012

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

08/02/2012

Date