

P12000070072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

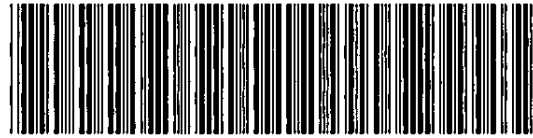
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Certified Copies _____

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Office Use Only



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07/19/12--01008--011 **78.75

FILED

12 AUG 13 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
8/15/12

COVER LETTER

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

SUBJECT: COMPASSIONATE 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: CAROL A SCANLON

Name (Printed or typed)

3201 NE 14TH ST #307

Address

POMPANO BEACH, FL 33062

City, State & Zip

954-290-9086

Daytime Telephone number

CSCANPCT@YAHOO.COM

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

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



RECEIVED

12 AUG 13 PM 1:15

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

July 20, 2012

CAROL A SCANLON
3201 NE 14TH ST
#307
POMPANO BEACH, FL 33062

SUBJECT: COMPASSIONATE CARE, INC.
Ref. Number: W12000038515

We have received your document for COMPASSIONATE CARE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 312A00019283

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: **COMPASSIONATE CARE, INC. COMPASSIONATE CARE I, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
3201 NE 14TH ST #307
POMPANO BEACH, FL 33062

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY LEGAL AND LAWFUL PURPOSE.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **CAROL A SCANLON, PRESIDENT**
Address: 3201 NE 14TH ST #307
POMPANO BEACH, FL 33062

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: **CAROL A SCANLON**
Address: 3201 NE 14TH ST #307
POMPANO BEACH, FL 33062

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

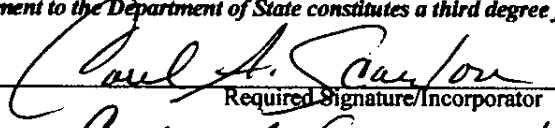
Name: **CAROL A SCANLON**
Address: 3201 NE 14TH ST #307
POMPANO BEACH, FL 33062

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

7-16-2012
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
CAROL A. SCANLON

7-16-2012
Date

FILED
12 AUG 13 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA