

P 12000076248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

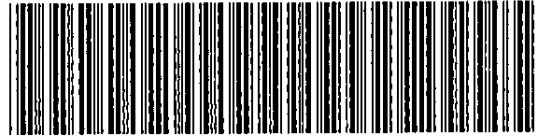
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP -6 AM 9:56

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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12 SEP -6 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 24, 2012

STEVEN MARC CAPPS
8591 SOUTHRICK POINT
FLORAL CITY, FL 34436

SUBJECT: MOBILE SENIOR CARE, INC
Ref. Number: W12000044085

We have received your document for MOBILE SENIOR CARE, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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.

Pamela Smith
Regulatory Specialist II

Letter Number: 112A00021767

Done

*112A00021767-
30
10/15*



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12 AUG 23 AM 11:16

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 10, 2012

STEVEN MARC CAPPS
8591 SOUTH ROCK POINT
FLORAL CITY, FL 34436

SUBJECT: MOBILE SENIOR CARE, INC
Ref. Number: W12000041840

We have received your document for MOBILE SENIOR CARE, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please state the name of the corporation in Article I.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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.

Pamela Smith
Regulatory Specialist II

Letter Number: 212A00020740

COVER LETTER

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

SUBJECT: Mobile Senior 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: Steven Marc Capps

Name (Printed or typed)

8591 South Rock Point

Address

Floral City, Florida 34436

City, State & Zip

352-568-5910

Daytime Telephone number

hondurasorbust@hotmail.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 **Mobile Senior Care, Inc**

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
6070 E. Quincy St.
Inverness, Florida 34452

Mailing address, if different is:
8591 South Rock Point
Floral City, Florida 34436

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide mobile medical care.

ARTICLE IV SHARES 1,500 par value zero

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Steven Marc Capps, President	Name and Title: _____
Address: 8591 South Rock Point	Address: _____
Floral City, Florida 34436	_____

Name and Title: Deborah Greer, DNP, VP	Name and Title: _____
Address: 6070 E. Quincy St	Address: _____
Inverness, Florida 34452	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: **Steven Marc Capps**
Address: **8591 South Rock Point**
Floral City, Florida 34436

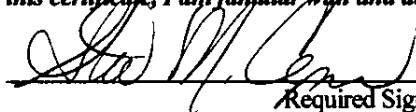
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Steven Marc Capps**
Address: **8591 South Rock Point**
Floral City, Florida 34436

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DIVISION OF CORPORATIONS
12 SEP - 6 AM 9:56

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

9/17/2012

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

9/17/2012

Date