## P13000053412

(Req	uestor's Name)	
(Add	ress)	······
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bus	iness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only

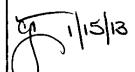


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13 JAN 14 PM 3: 55





## **COVER LETTER**

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

SUBJECT:	(PROPOSED CORPORAT	pture Inc. rename- <u>mustincl</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	d a check for:	<b>-</b>	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM:	Tyler Salen Name	(Printed or typed)			
	1471 Rive	eredge Rd ddress		<b>3</b> 5 5 5	i.
	Oviedo, FL City, S	32744 State & Zip		3 JAN 14 PH 3: 55	
and the ortho	(727) 458 - Daytime Te	•		PH 3: 1	*** ***
	Salem. tyle E-mail address: (to be used	or future annual report	notification)	55 ATT	Í

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)

The name of the corporation	shall be:	(	Care	Capture	Ir	16.	11学徒的第	
	IPAL OFF						13 JAN	
	ncipal <u>stree</u>	<del>_</del>			Mailir	ig address,	if different is	:
1671 Rivered	je Rd	<b>.</b>	·					
Oviedo, FL	3276	e le						
ARTICLE III PURPO	SE corporation	is organized	d is:	produce	, ма	rket,	and.	se11
Solutions a	nd p	roducts	for	the Se	nior	living	indust	-ry .
		_						
ARTICLE IV SHARI	<u>es</u>	100	224					
The number of shares of sto	ck is:	ERS AND/	OR DIRECTO		tle			
The number of shares of sto  ARTICLE V INITIA  Name and Title:	ck is: LOFFICE	Salem	OR DIRECTO	H Name and T	tle:			
The number of shares of sto  ARTICLE V INITIA  Name and Title:	L OFFICE	Salen , Rivered	OR DIRECTO Presiden dge Rd	Name and T	tle:			
The number of shares of sto  ARTICLE V INITIA  Name and Title:	L OFFICE	Salen , Rivered	OR DIRECTO	Name and T	tle:			
The number of shares of sto  ARTICLE V INITIA  Name and Title:	LOFFICE Tyler 1471 Ovied	Salem Salem Rivered O, FL	OR DIRECTO Presiden  dge Rd  32766	H Name and To				
The number of shares of sto  ARTICLE V INITIA  Name and Title:  Address  Name and Title:	LOFFICE Tyler 1671 Ovied	Salem, Nivered	OR DIRECTO Presiden  dge Rd  32766	Name and Table Address:  Name and Table Name and Ta	tle:			
The number of shares of sto  ARTICLE V INITIA  Name and Title:  Address  Name and Title:	LOFFICE Tyler 1671 Ovied	Salem, Nivered	OR DIRECTO President  dge Rd  32766	Name and Table Address:  Name and Table Name and Ta	tle:			
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The number of shares of sto  ARTICLE V INITIA  Name and Title:  Address  Name and Title:	LOFFICE Tyler 1671 Ovied	Salem, Aivered	OR DIRECTO Presiden dge Rd 32766	Name and Tale Address:  Name and Tale Address:  Address:	tle:			
Name and Title:  Address  Name and Title:  Name and Title:  Name and Title:  Name and Title:	LOFFICE Tyler 1471 Ovied	Salem, Aivered	OR DIRECTO Presiden dge Rd 32766	Name and Table Address:  Name and Table Address:  Address:  Name and Table Address:	tle:			

Name and	Title:	Name and Title:
Address		Address:
	<i>REGISTERED AGENT</i> rida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name:	Tyler Salem	م الله الله الله الله الله الله الله الل
Address:	1671 Riveredge Rd	-
	Oviedo, FL 32766	#####################################
	<u>INCORPORATOR</u>	PH 3: 50
The <u>name and add</u>	ress of the Incorporator is:	), ije
Name:	Tyler Salem	-
Address:	1671 Riveredge Rd	_
	Tyler Salem  1671 Biveredge Bd  Oviedo, FL 32766	_
	ed as registered agent to accept service of process on familiar with and accept the appointment as re	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
	Required Signature/Registered Agent	1/7/2013
	Required Signature/Registered Agent	/ Date
	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felor	true. I am aware that the false information submitted in a my as provided for in s.817.155, F.S.
	Required Signature/Incorporator	1/7/2013 Date