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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: **The Senior Care Connector 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: **Erta Dumond**
Name (Printed or typed)
320 NW 3 Court
Address
Hallandale Beach, Florida 33009
City, State & Zip
954-479-2464
Daytime Telephone number
greg_keke_veve@yahoo.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

The name of the corporation shall be: The Senior Care Connector Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

320 NW 3 Court

Hallandale Beach, Florida 33009

Mailing address, if different is:

320 NW 3 Court

Hallandale Beach, Florida 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Erta Dumond Name and Title: _____

Address 320 NW 3 Court Address: _____
 Hallandale Beach, Florida 33009

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Erta Dumond
Address: 320 NW 3 Court
Hallandale Beach, Florida 33009

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Erta Dumond
Address: 320 NW 3 Court
Hallandale Beach, Florida 33009

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

Erta Dumond 09/18/13
Required Signature/Registered Agent 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.

Erta Dumond 09/18/13
Required Signature/Incorporator Date