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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
10/24/13

COVER LETTER

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

SUBJECT: **ABOVE THE MARK 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: **KAREN WILKES**

Name (Printed or typed)

664 ORANGE CT,

Address

ROCKLEDGE, FLORIDA 32955

City, State & Zip

321-208-0245

Daytime Telephone number

karenwilkes@cfl.rr.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: ABOVE THE MARK CARE, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different

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664 ORANGE CT

ROCKLEDGE, FLORIDA 32955

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR ALL LEGAL BUSINESS PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KAREN WILKES, PRESIDENT

Address: 664 ORANGE CT,
ROCKLEDGE, FLORIDA 32955

Name and Title: RUFUS WILKES, VP

Address: 664 ORANGE CT,
ROCKLEDGE, FLORIDA 32955

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti.)

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

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: KAREN WILKES
Address: 664 ORANGE CT,
ROCKLEDGE, FLORIDA 32955

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KAREN WILKES
Address: 664 ORANGE CT,
ROCKLEDGE, FLORIDA 32955

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

<u>Karen Wilkes</u>	<u>10/21/13</u>
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.

<u>Karen Wilkes</u>	<u>10/21/13</u>
Required Signature/Incorporator	Date