

**P13000089373**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

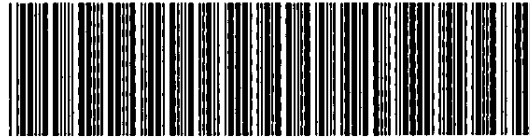
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
*CORRECTED SPELLING  
OF "CORPORATE NAME" &  
CORRECT ZIPCODES PER  
TELEPHONE CONVERSATION  
WITH YALANI JANEM.  
R 10/31/13*

Office Use Only



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10/30/13--01018--016 \*\*78.75

**FILED**  
13 OCT 30 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R 10/31/13*

**COVER LETTER**

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

**SUBJECT: Jaykay Care Services 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: Jaykay Care Services Inc**

**SUBJECT: Jaykay Care Services Inc**  
Name (Printed or typed)

**200 Starcrest Dr. Apt 92**

Address

**Clearwater FL 33765**

City, State & Zip

**727-475-0559**

Daytime Telephone number

**sweetessence126@aol.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: Jaykayn Care Services Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
200 Starcrest Dr. Apt 92  
Clearwater FL 33765

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This corporation will be offering support care services to developmentally desable individuals.

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Support Care		Support Care	
Name and Title:	<u>Yalani Janeh / Pres</u>	Name and Title:	<u>Isata Saecon / V.P.</u>
Address:	<u>200 Starcrest Dr. Apt 92</u> <u>Clearwater FL 33765</u>	Address:	<u>200 Starcrest Dr. Apt 92</u> <u>Clearwater FL 33765</u>
Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

(conti.)

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: Yalani Janeh  
 Address: 200 Starcrest Dr. Apt. 92  
Clearwater FL 33765

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Yalani Janeh  
 Address: 200 Starcrest Dr. Apt. 92  
Clearwater FL 33765

*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

10/25/13  
 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

10/25/13  
 Date

Yalani Janeh