

PA0000038296

(Requestor's Name)

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(Business Entity Name)

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14 APR 30 PM 1:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: FAMILY BUSINESS 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: ROSA M. RIVERA

Name (Printed or typed)

2180 NW 99TH WAY

Address

SUNRISE, FL 33322

City, State & Zip

954-684-6565

Daytime Telephone number

ROSARIVERA6952@ATT.NET

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:

FAMILY BUSINESS CARE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2180 NW 99TH WAY

SUNRISE, FL 33322

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A SMALL PAYROLL SERVICE ONLINE

BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

ROSA M RIVERA

Name and Title:

Address

2180 NW 99TH WAY

Address:

SUNRISE, FL 33322

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

SECRETARY OF STATE
TALLAHASSEE FLORIDA
14 APR 30 PM 1:47
P11-20

(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: ZSA ZSA J RIOS
Address: 1073 SW 119TH AVE
DAVIE, FL 33325

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROSA M RIVERA
Address: 2180 NW 99TH WAY
SUNRISE, FL 33322

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

04/26/14

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

04/26/14

Date

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