

P/4000069635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

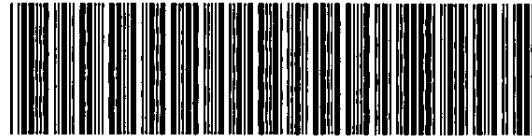
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/15/14--01014--013 **70.00

FILED
2014 AUG 15 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WESTON DIRECT CARE, INC.

19500 SW 54TH STREET, MIRAMAR FL 33029 (954)709-4482

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

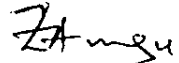
August 11, 2014

Subject: Release of Corporation Name

This is to certify that I am the president of Weston Direct Care, Inc., listed under document No: P05000039303, and registered by me with the State of Florida's Department of State, Division of Corporations. I have decided effective immediately to release the name and make it available to be used as a corporation name by the general public.

I also affirm that I will not attempt to reinstate the name or hold anyone liable for using the name in the future.

Sincerely,



ZETUNA ARUGU
President

COVER LETTER

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

SUBJECT: WESTON DIRECT 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: WESTON DIRECT CARE, INC.

Name (Printed or typed)

19500 SW 54TH STREET

Address

MIRAMAR, FL 33029

City, State & Zip

954-709-4482

Daytime Telephone number

AL_MAYUNGBE@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:

WESTON DIRECT CARE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

19500 SW 54TH STREET

MIRAMAR, FL 33029

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ZETUNA ARUGU, PRES

Name and Title: _____

Address

19500 SW 54TH STREET

Address: _____

MIRAMAR, FL 33029

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

(cont.)

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: ALBERT A MAYUNGBE, CPA

Address: 111 NW 183RD STREET, SUITE 402

MIAMI, FL 33169

ARTICLE VII INCORPORATOR

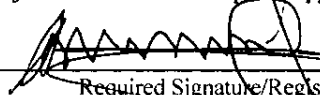
The **name and address** of the Incorporator is:

Name: ZETUNA ARUGU

Address: 19500 SW 54TH STREET

MIRAMAR, FL 33029

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

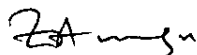


Required Signature/Registered Agent

08/11/2014

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

08/11/2014

Date