

P15000058767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

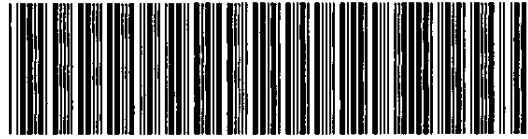
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JUL -9 PM 4:29

2-15-15

## COVER LETTER

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

**SUBJECT:** SPECIAL CARE SERVICE OF FLORIDA, 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:** WANDA I. RIVERA-YERA

Name (Printed or typed)

9183 BAYOU DR.

Address

TAMPA, FLORIDA 33635

City, State & Zip

407-257-4030

Daytime Telephone number

MRIJORDAN@HOTMAIL.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: SPECIAL CARE SERVICE OF FLORIDA, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9183 BAYOU DR.

9183 BAYOU DR.

TAMPA, FLORIDA 33635

TAMPA, FLORIDA 33635

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THE PORPUSE OF THE CORPORATION IS TO ENGAGE IN ANY ACTIVITY

PERMITTED BY THE LAWS OF THIS STATE.

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STATE  
SECRETARY OF  
TALLAHASSEE  
15 JUL -9 PM 4:29

**ARTICLE IV SHARES**

The number of shares of stock is: 100 share with value of \$100 per share.

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

Name and Title: Wanda I. Rivera-Yera (President)

Name and Title: Luis N. Rodriguez (Director)

Address 9183 BAYOU DR

Address: 9183 BAYOU DR

TAMPA, FLORIDA 33635

TAMPA, FLORIDA 33635

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: WANDA I. RIVERA-YERA

Address: 9183 BAYOU DR.

TAMPA, FLORIDA 33635

**ARTICLE VII INCORPORATOR**

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

Name: WANDA I. RIVERA-YERA

Address: 9183 BAYOU DR.

TAMPA, FLORIDA 33635

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

Wanda I. Rivera-Yera

Required Signature/Registered Agent

7/8/2015

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.*

Wanda I. Rivera-Yera

Required Signature/Incorporator

7/8/2015

Date