

P15000096746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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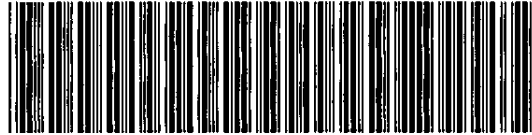
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
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15 NOV 25 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: PLANNED CARE AGENCY 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: STEVE MULLINGS
Name (Printed or typed)

11911 NW 47 ST
Address

CORAL SPRINGS FL 33076
City, State & Zip

954 448-1790
Daytime Telephone number

PLANNEDCAREAGENCY@gmail.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: PLANNED CARE AGENCY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11911 NW 47 ST
CORAL SPRINGS FL 33076

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE PROFESSIONAL CARE GIVERS

TO OUR CLIENTS. THESE SERVICES INCLUDES

- PERSONAL CARE ATTENDANTS
- HOURLY or LIVE-IN-CARE GIVERS
- CERTIFIED NURSING ASSISTANTS
- TRANSPORTATION
- HOME HEALTH AIDES
- HOME MAKERS
- COMPANIONS

ARTICLE IV SHARES

The number of shares of stock is: 100

15 NOV 25 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STEVE MULLINGS
CEO

Address

11911 NW 47 ST
CORAL SPRINGS FL 33076

Name and Title: SHADINE EAST
CEO

Address:

8309 N TRIANA DR
CITRUS SPRINGS FL 34434

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

APPROVED
AND
FILED

Name and Title: _____ Name and Title: 15 NOV 25 PM 2:01
Address: _____ Address: SECRETARY OF STATE

TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: SHADINE EAST
Address: 8309 N TRIANA DR
CITRUS SPRINGS FL 34434

ARTICLE VII INCORPORATOR

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

Name: STEVE MULLINGS
Address: 11911 NW 47 ST
CORNAL SPRINGS FL 33076

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

Shadine East
Required Signature/Registered Agent

Nov 10, 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.

Steve Mullings
Required Signature/Incorporator

Nov 10, 2015
Date