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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: CORP USA

Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## FLORIDA PROFIT/NON PROFIT CORPORATION GRACIOUS TENDER CARE, INC.

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## **COVER LETTER**

Department of State		
New Filing Section		
Division of Corporations		
P. O. Box 6327		
Tallahassee, FL 32314		
One state Tander Or	1	
SUBJECT: Gracious Tender Ca	re, inc.	
(PROPOSED CORPORAT	TE NAME - <u>MUST INCL</u>	ODE SUFFIX)
	•	
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	a check for:
□ \$70.00 □ \$78.75	<b>\$78.75</b>	\$87.50
Filing Fee Filing Fee	Filing Fee	Filing Fee,
& Certificate of Status	& Certified Copy	Centified Copy & Certificate of
		Status
1	ADDITIONAL CO	<b></b>
Nicolo S. Dandridgo	Fea Tools Fo	r Change
FROM: Nicole S. Dandridge,	(Printed or typed)	Change
	• • • •	
180 NW 62nd Stree	et e e	
A	ddress	
Miami, FL 33150		
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305,401,7638		

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

FILED ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit 6 MAY 25 PM 1: 00 ARTICLE I NAME
The name of the corporation shall be: Gracious Tender Care, Inc. TALLAHASSEE FLORIDA PRINCIPAL OFFICE Mailing address, if different is: Principal street address 12010 West Golf Drive Miami, FL 33167 The purpose for which the corporation is organized is: any lawful purpose. ARTICLE III PURPOSE ARTICLE IV SHARES
The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Marie S Gelin, President Name and Title: 12010 West Golf Drive Address Address: Miami, FL 33167 Name and Title: Name and Title:\_ Address Address:

Name and Title:

\_\_\_\_\_ Address;

9696889908 302/92/90

Name and Title:

Address

FILED

16 MAY 25 PM 1:00

SECRETARY OF STAYE

Name	and Title:	Name and Title:	TEANASSE THE
Addre	\$3	Address:	- cnIUA
<u>ARTICLE VI</u>		<del>-</del>	
	Florida street address (P.O. Box NOT acceptable)  Marie S Gelin	of the registered agent is:	
Name: Address:	12010 West Golf Drive	<del></del> -	
	Mlami, FL 33167	<del>-</del>	
ARTICLE VI	INCORPORATOR		
The name and	address of the Incorporator is:		
Name:	Marie S Gelin	_	
Address:	12010 West Golf Drive	_	
	Miami, FL 33167	_	
this certificate, i	med as registered agent to accept service of process I om familiar with and accept the appointment as re		act in this capacity
Man	e Stella Gelm		5/6/16
I submit this do	Required Signature/Registered Agent ocument and affirm that the facts stated herein are Department of State constitutes a third degree felo	true. I am aware that the ny as provided for in s.817.1	Date false information submitted in a 55, F.S.
Marie	Stella Sellinorporator  Required Signature/Incorporator		5/6/16
	wednings affirmite morthogen.		rere.