## P16000069935

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Document recieved 5/22/2016				

Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 29, 2016

JESSE H. RODRIGUEZ 1727 W. PERIO ST. TAMPA, FL 33612

SUBJECT: ELDER CARE FIRST INC.

Ref. Number: W16000052756

SECRE VITE OF STALE

We have received your document for ELDER CARE FIRST INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

The name of the entity listed on the Articles is illegible. Please make sure the name of the entity can read clearly.

To make the necessary corrections and resubmit your filing, return to our website and access electronic filing, then online filing. Choose to update your request by using the confirmation number and the pin number listed above. For any questions concerning the website, please call 850-245-6939. Please disregard this letter, if you have contacted our office and were advised how to correct your document online.

If you have any further questions concerning your filing, please call (850) 245-6052.

Matthew T Moon Regulatory Specialist II New Filing Section

Letter Number: 616A00015940

## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Elder Care First Inc. SUBJECT: (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 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Jesse H Rodriguez FROM: \_\_ Name (Printed or typed) 1727 W. Perio St. Address Tampa, Florida 33612 City. State & Zip 813-956-5020 Daytime Telephone number bay nurse.pl@gmail.com

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

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PRIN	CIPAL OFFICE	·	
ARTICIALII TRIN	Principal street address	Mailing address, if different is:	
1727 W. Perio St.	_		_
Tampa, Florida 33612			
	OSE Provide the corporation is organized is:	primary care needs for adult and geriatric populations	<b></b>
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			- C.
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			10
ARTICLE IV SHAP The number of shares of	RES 10,000,000 f stock is:	<del>ر</del> : 0	) 5 1A1C
	AL OFFICERS AND/OR DIRECTORS Jesse Rodriguez COO		
Name and Tit	Je:	Name and Title:	_
Address		Address:	
	Tampa, Florida 33612		_
Name and Titl	e:	Name and Title:	
Address			
			_ _
Name and Titl	e:	Name and Title:	

Name a	and Title:	Name and Title:		_
Addre	ss	Address:		_
				_
ARTICLE VI	REGISTERED AGENT			
The name and	Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:		
Name:	Jesse Rodriguez			
Address:	1727 W. Perio St.		<del>1</del> 6 ₽	1 S
Address.	Tampa, Florida 33612	<del></del>	AUG	22
			(1)	<u> </u>
ADTICLE VII	INCORPORATOR		<b>10</b> 130	
	<del></del>		<u> </u>	'男口
The <u>name and</u>	address of the Incorporator is:		#: 0 2	S
Name:	Jesse Rodriguez	<del></del>	110A	LT.
Address:	1727 W. Perio St.		•	
710212	Tampa, Florida 33612			
A DTICLE 1711	r propertur bate.			
Effective date.	I EFFECTIVE DATE: if other than the date of filing:	(OPTIONAL)		
(If an effective days after the	date is listed, the date must be specific and c	annot be more than five business days prior o	or 90 busines	S
•				
	ite inserted in this block does not meet the applic reffective date on the Department of State's reco		not be listed	as
ine document s	refrective date on the Department of State 5 (co.			
	amed as registered agent to accept service of pr			d in
this certificate,	Yan familiar with and accept the appointment of	is registered agent and agree to act in this capac	ity	
11lan		7-14-16	7-14-16	
Required Signature Registered Agent			Date	
	ocument and affirm that the facts stated herein		n submitted	in a
document to th	e Department of State constitutes a third degree	felony as provided for in s.817.155, F.S.		
1/han		7-14-16		
Req	quired Signature/Incorporator		Date	