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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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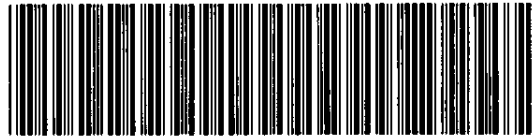
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: 4U Kare 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: Mrs. Cortetter Smith
Name (Printed or typed)

2800 South Adams Street
Address

Tallahassee FL 32301-9998
City, State & Zip

(850) 980-5029 / 1-800-307-1509
Daytime Telephone number

4U Kare1@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: 4U Care INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
2800 South Adam Street
Tallahassee FL, 32301-9998

Mailing address, if different is:
P.O. Box 38454
Tallahassee FL, 32315

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To render Service to
the elder and disable.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cortetter Smith Name and Title: President

Address: 2800 South Adam Street
Tallahassee FL, 32301-9998

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: Cortetter Smith
Address: 2800 South Adam Street
Tallahassee FL, 32301-9998

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CORTETTER SMITH
Address: 2800 South Adam St
Tallahassee FL, 32301-9998

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

Cortetter Smith 8-30-16
Required Signature/Registered Agent 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.

Cortetter Smith 8-30-16
Required Signature/Incorporator Date