

PI8000055203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

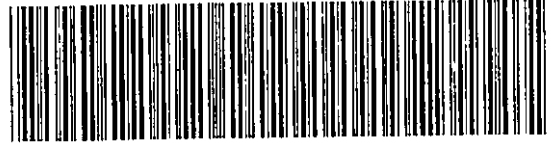
Special Instructions to Filing Officer

Office Use Only

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JUN 21 2018

T. SCOTT



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05/07/18--01631 015 **78.75

2018 JUN 18 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 31, 2018

NATALIE ANN SANDERS
4173 S PINE ISLAND ROAD
DAVIE, FL 33328

SUBJECT: VAN INTERACTIVE CARE INC
Ref. Number: W18000044381

We have received your document for VAN INTERACTIVE CARE INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 718A00009851

COVER LETTER

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

SUBJECT: VAN Interactive Care 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: Natalie Ann Saunders

Name (Printed or typed)

4173 S. Pine Island Road

Address

Davie, FL. 33328

City, State & Zip

954-867-6398

Daytime Telephone number

cinije@yahoo.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: VAN Interactive Care Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
4173 S. Pine Island Road
Davie, FL. 33328

Mailing address, if different is:
Same as above

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide health care to patients in need.

ARTICLE IV SHARES

500 at \$1.00 per share
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Natalie Ann Saunders - President</u>	Name and Title:	_____
Address	<u>4173 S. Pine Island Road</u>	Address:	_____
	<u>Davie, FL. 33328</u>		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

711 E LV
 2018 JUN 18 PM 12:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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: Charles Inije
Address: 1175 N E 125th Street suite 306
Miami, FL. 33161

ARTICLE VII INCORPORATOR

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

Name: Natalie Ann Saunders
Address: 4173 S. Pine Island Road
Davie, FL. 33328

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 days prior or 90 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

Required Signature/Registered Agent
06/13/2018
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.

Required Signature/Incorporator
06/13/2018
Date