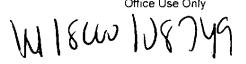
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(Req	uestor's Name)	
(Addi	ress)	
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(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	





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PILED
2019 FEB -4 PH 3: 33
SECRETARY OF STATE
TALLAHAS SEE, FLORIDA

FEB 0 4 2019

K Brumbley

COVER LETTER

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

SUBJECT: 50	CON-YOFE Ser	vices INC.	
•	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00	\$78.75	□ \$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fce,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		ADDITIONAL CO	Status
		ADDITIONAL CC	N I KEQUIKED
FROM: _	Novence Wilker	Son e (Printed or typed)	
	306 Tarpon 5	Address	
	Kissimmee FL City	34744 State & Zip	
	407-844-4	895 Telephone number	
	_	4Ahos. Com	
	E-mail address: (to be use	d for future annual report i	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)

The name of the corpora	uion shall be: 5Peciai-Ka	<u>ve Servic</u>	es IN	C	
306 Tarpo	Principal street address		Mailing address, i	if different is:	
Kissimme	e, FL34744				
ARTICLE III PURPO	the corporation is organized is:	ice for	nurse.f	tgency.	···
				201 367	
ARTICLE IV SHAR The number of shares of ARTICLE V INITIA		- 			77
	Florence Wilkerson	$ \underline{\gamma} - \overrightarrow{P} $ Name and Title:	·	3: 33 TATE DRID	フ —
Address	306 Tarpon St Kissimmee; F13474	Address:			
Name and Title		Name and Title:	44.	t _{erro} nte pro esperance.	<u></u>
Address		Address:			
					_
Name and Title	ـــــــــــــــــــــــــــــــــــــ	Name and Title:	· · · · · · · · · · · · · · · · · · ·	<u>-</u>	
Address			· -	 	
		_ .			

ARTICLEVI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Lovence Wilkerson Address: 30 to Toron 5t	Name and	Title: Florence Wilkerson	Name and Title:	
ARTICLE VII REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Solo Tompon 51				
The name and Florida street address (F.O. Box NOT acceptable) of the registered agent is: Name: Solo Torpon 5t Lissimmee Fl. 34744 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Florence Wilkerson Address: 30lo Torpon 5t Lissimmee Fl. 34744 ARTICLE VIII INCORPORATOR The name and address of the Incorporator is: Name: Florence Wilkerson Address: 30lo Torpon 5t Lissimmee Fl. 34744 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 at registered agent to accept service of process for the above stated corporation at the place designated in this certificate. In familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature Registered Agent 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. Deta 2018		KISSIMM EE, FL 34	744	
The name and Florida street address (F.O. Box NOT acceptable) of the registered agent is: Name: Solo Torpon 5t Lissimmee Fl. 34744 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Florence Wilkerson Address: 30lo Torpon 5t Lissimmee Fl. 34744 ARTICLE VIII INCORPORATOR The name and address of the Incorporator is: Name: Florence Wilkerson Address: 30lo Torpon 5t Lissimmee Fl. 34744 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 at registered agent to accept service of process for the above stated corporation at the place designated in this certificate. In familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature Registered Agent 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. Deta 2018				
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Name: Solo Torpon 51 Lissi whe fil 34744 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Flevence Wilkerson Address: 3010 Torpon 54. Lissi whe fil 34744 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 of 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 Require Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the fake information submitted in a document to the Defaurment of State constitutes a third degree felony as provided for in x.817.155, F.S. De L.S. 2018		 	of the registered agent is:	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name:	•		_	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name:	Address:	306 Tarpon 5t	_	
The name and address of the Incorporator is: Name:		Kissimmer FL34744	<u>. </u>	
Address: Address: Blo Tarpon St. Lissimmee FL 34744 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 a 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 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. Delts 2018	ARTICLE VII II	VCORPORATOR		
ARTICLE VIIIEFFECTIVE DATE: Effective date, if other than the date of filing:	The name and add	ress of the Incorporator is:		
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ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	Address:	306 Tarponst.	. 1	
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document to the Defundment of State constitutes a third degree felony as provided for in s.817.155, F.S.				Dâte
Required Signature/Incorporator Date	I submit this document to the De	nent and affirm that the facts stated herein are	e true. I am aware that the fal ony as provided for in s.817.155	, F.S.
Required Signature/Incorporator Date	·	Ju-		De15,2018
. $oldsymbol{V}$	Require	d Signature/Incorporator		Date

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Dear Division of Corporations,

I Florence Wilkerson, have no intention in doing business under the name, SPECIAL KARE SERVICES INC. Article #Py/000011685 at this time. I release

the name as of January 7, 2019

Thank you, Forence Wilkerson

GBY NOTARY PUB

Richard A. Rigby

COMMISSION #FF225494 EXPIRES: April 29, 2019 WWW.AARONNOTARY.COM