

P19000009597

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 04 2019

K Brumpley

COVER LETTER

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

SUBJECT: Special-Kare Services 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: Florence Wilkerson
Name (Printed or typed)

306 Tarpon St.
Address

Kissimmee, FL 34744
City, State & Zip

407-844-4895
Daytime Telephone number

florence2000@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: SPECIAL CARE SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

306 Tarpon St.

Kissimmee, FL 34744

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Office for Nurse Agency.
Clerical work.

ARTICLE IV SHARES

The number of shares of stock is: ①

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Florence Wilkerson - P

Name and Title:

Address

306 Tarpon St
KISSIMMEE, FL 34744

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
2019 FEB -4 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: Florence Wilkerson Name and Title: _____
Address: 306 Tarpon St Address: _____
Kissimmee, FL 34744 _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Florence Wilkerson
Address: 306 Tarpon St
Kissimmee, FL 34744

ARTICLE VII INCORPORATOR

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

Name: Florence Wilkerson
Address: 306 Tarpon St.
Kissimmee, 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.)

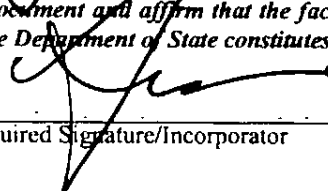
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named 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

DEC 5, 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.

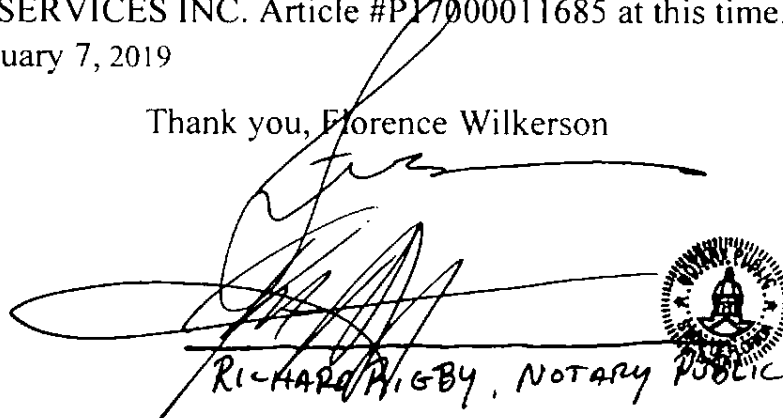

Required Signature/Incorporator

DEC 5, 2018
Date

Dear Division of Corporations,

I Florence Wilkerson, have no intention in doing business under the name,
SPECIAL KARE SERVICES INC. Article #PT000011685 at this time. I release
the name as of January 7, 2019

Thank you, Florence Wilkerson


RICHARD A. RIGBY, NOTARY PUBLIC



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