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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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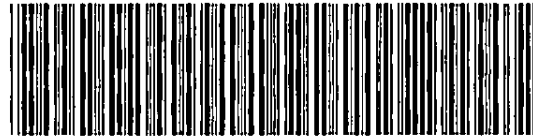
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 03 11 1:00

TRANSMITTAL LETTER

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

SUBJECT: GOOD SAMARTAN CARE GIVER, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Marie Carmelle Robert, (Registered Agent)
Name (Printed or typed)

10757 S Preserve Way Unit 306
Address

Miramar, Florida 33025
City, State & Zip

(954)668-5958
Daytime Telephone number

2021 JUN 26 PM 1:00

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

Articles of Incorporation

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

FIRST

The name of the corporation is: GOOD SAMARTAN CARE GIVER, INC.

SECOND

The period of its duration is Indefinite.

THIRD

The purpose of the corporation is: Patient Home Care

FOURTH

The aggregate number of authorized shares is 1000 shares Par-Value \$1.00

FIFTH

The corporation will not commence business until at least One Thousand (\$1,000.) Dollars have been received by it as consideration for the issuance of Shares.

SIXTH

Cumulative Voting of shares of stock are authorized.

SEVENTH

Provisions Limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are: Approved by both the Stockholders and Board of Directors.

EIGHT

Provisions for regulating the internal affairs of the corporation are The Managing Partners (Corporate Officers) will be responsible for all day to day operation.

NINTH

The address of the initial Registered Office of the corporation is:
10757 S Preserve Way Unit 306 Miramar, Florida 33025
and the name of it's initial Registered Agent at such address is:
Marie Carmelle

TENTH

Address of the principal place of business is:
10757 S Preserve Way Unit 306 Miramar, Florida 33025

ELEVENTH

The number of directors constituting the initial board of directors of the corporation is Two, and the names and address of the persons who are to serve as directors until the first annual meeting of the Shareholders or until their successors are elected and shall qualify are:

NAME

ADDRESS

- * Marie Carmelle Robert, CEO /President 10757 S Preserve Way Unit 306 Miramar, Fl. 33025
- * Hector Oliver Dazulma, Vicep./Treas. 10757 S Preserve Way Unit 306 Miramar, Fl. 33025

TWELFTH

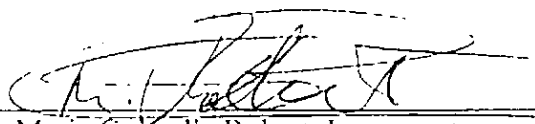
The name and address of each incorporator is:

NAME

ADDRESS

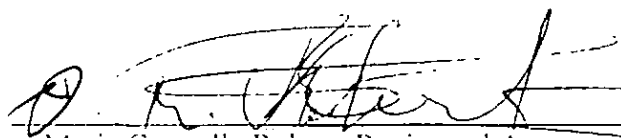
- * Marie Carmelle Robert, CEO /President 10757 S Preserve Way Unit 306 Miramar, Fl. 33025
- * Hector Oliver Dazulma, Vicep./Treas. 10757 S Preserve Way Unit 306 Miramar, Fl. 33025

Date: January 21, 2021


Marie Carmelle Robert, Incorporator

Hector Oliver Dazulma, Incorporator

Having been named as Registered Agent and to accept services of process for the stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and Agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, my position as Registered Agent.


Marie Carmelle Robert, Registered Agent

2021 JAN 21 PM 1:09