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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : POWELL, JACKMAN, STEVENS & RICCIARDI, P.A.
Account Number : I20170000034
Phone : (239)689-1096
Fax Number : (239)791-8132

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Legal@your-advocates.org

**FLORIDA PROFIT/NON PROFIT CORPORATION
CHRONIC CARE AMERICA, INC**

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COVER LETTER

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

SUBJECT: CHRONIC CARE AMERICA, 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: RICHARD RICCIARDI
Name (Printed or typed)

12381 S. CLEVELAND AVE STE 200
Address

FORT MYERS, FL 33907
City, State & Zip

239-689-1096
Daytime Telephone number

LEGAL@YOUR-ADVOCATES.ORG
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: CHRONIC CARE AMERICA, INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1222 SE 47TH STREET STE 413
CAPE CORAL, FL 33904

Mailing address, if different is:
1222 SE 47TH STREET STE 413
CAPE CORAL, FL 33904

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSEPH D. MORROW / DIRECTOR Name and Title: RUSSELL MENEGIGIAN / DIRECTOR

Address: 1222 SE 47TH STREET STE 413 Address: 3037 SE 11TH AVE
CAPE CORAL, FL 33904 CAPE CORAL, FL 33904

Name and Title: RICHARD RICCIARDI / DIRECTOR Name and Title: _____

Address: 12601 PANASOFFKEE DR. Address: _____
NORTH FORT MYERS, FL 33903 _____

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: RICHARD RICCIARDI
Address: 12601 PANASOFFKEE DR
NORTH FORT MYERS, FL 33903

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RICHARD RICCIARDI
Address: 12601 PANASOFFKEE DR
NORTH FORT MYERS, FL 33903

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/17/2021 (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 Date 06-17-21

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 Date 06-17-21