

P 22 0000 70380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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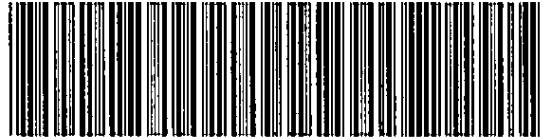
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Beyond Care Angels, 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: Craig R. Bingert
Name (Printed or typed)
8461 Lake Worth Road #102
Address
Wellington, FL 33467
City, State & Zip
610-216-2651
Daytime Telephone number
BIN-1012@msn.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32314

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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:

Beyond Care Angels, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8461 Lake Worth Road #102

Wellington, FL 33467

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Company is organized to provide home care services to the public.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Craig R Bingert - President

Name and Title:

Address 8461 Lake Worth Road #102

Address:

Wellington, FL 33467

Name and Title: Vanya Nancy Bingert - Vice President

Name and Title:

Address 8461 Lake Worth Road #102

Address:

Wellington, FL 33467

Name and Title:

Name and Title:

Address

Address:

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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: Craig R Bingert
Address: 8461 Lake Worth Road #102
Wellington, FL 33467

ARTICLE VII INCORPORATOR

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

Name: Craig R Bingert
Address: 8461 Lake Worth Road #102
Wellington, FL 33467

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

Craig Bingert
Required Signature/Registered Agent

8/25/22
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.

Craig Bingert
Required Signature/Incorporator

8/25/22
Date

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TALLAHASSEE, FLORIDA