

P24000032352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

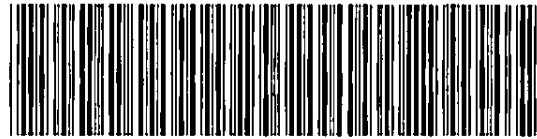
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100429187961

S. CHATHAM  
MAY 10 2024

FILED

2024 MAY 10 AM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2024 MAY -9 AM 10:57

RECORDING OFFICE  
CORPORATIONS  
TALLAHASSEE, FLORIDA 32304-2500

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 05/09/2024

**\*\*WALK IN\*\***

ENTITY NAME Paid To Care, Inc.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 70

ACCOUNT # I20140000108  
United Corporate  
Services, Inc.

*Keith Leppard*

Please call Tina at the above number for any issues or concerns. Thank you so much!

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: PAID TO CARE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2825 Palm Beach Blvd. Unit 305

Fort Myers, FL 33916

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful act

ARTICLE IV SHARES

The number of shares of stock is: 200 NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eric H. Mayer Name and Title: \_\_\_\_\_

Address 2825 Palm Beach Blvd. Unit 305 Address: \_\_\_\_\_

Fort Myers, FL 33916 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
2024 MAY -9 14:12:01  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: Eric H. Mayer

Address: 2825 Palm Beach Blvd. Unit 305

Fort Myers, FL 33916

**ARTICLE VII INCORPORATOR**

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

Name: Eric H. Mayer

Address: 2825 Palm Beach Blvd. Unit 305

Fort Myers, FL 33916

**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*

Eric H. Mayer  
Required Signature/Registered Agent

May 8, 2024  
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.*

E. H. Mayer  
Required Signature Incorporator

May 8, 2024  
Date

FILED  
2024 MAY -9 4M12:01  
SECRETARY OF STATE  
TALLAHASSEE, FL