

P24000072494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

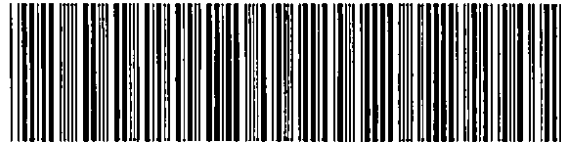
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Mary's Love & Care 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: Juanita Webster  
Name (Printed or typed)

119 E Georgia St, Suite # 11  
Address

Tallahassee Fla, 32301  
City, State & Zip

850-518-0067  
Daytime Telephone number

maryslc109@gmail.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: Mary's Love & Care Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
119 E Georgia St. Suite #11  
Tallahassee FL 32301

Mailing address, if different is:  
8096 Wakulla Springs rd

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: provide services to people  
and community

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Juanita Webster</u>	Name and Title:	<u>President</u>
Address	<u>8096 Wakulla Springs Rd.</u>	Address:	
	<u>Tallahassee FL 32304</u>		

Name and Title:		Name and Title:	
Address		Address:	

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:

Juanita Webster

Address:

8096 Wakulla Springs rd  
Trilokher, FL 32305

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Juanita Webster

Address:

8096 Wakulla Springs rd  
Trilokher, FL 32305

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 12-03-2024 (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*

[Signature]  
Required Signature/Registered Agent

12-03-2024  
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.*

[Signature]  
Required Signature/Incorporator

Date

12-03-2024

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2024 DEC -3 AM 7:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA