

P98000106152

TRANSMITTAL LETTER

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

600002717666--2  
-12/21/98-01086-007  
\*\*\*\*131.25 \*\*\*\*\*87.50

SUBJECT:

BON CARE INC

(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM:

ANGEIL & ASSOCIATES

Name (printed or typed)

225 So Swoope Ave #208

Address

Maitland FL 32751

City, State & Zip

407-629-4900

Daytime Telephone number

98 DEC 21 AM 8:29

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

R. Purinton DEC 23 1998

# ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

## ARTICLE I NAME

The name of the corporation shall be:

*BON CAKE INC*

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*225 So. Swoope Ave Maitland, FL 32751*

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

*10,000*

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*PATRICIA A. ANGELL  
245 CAMBRIDGE DR  
LONGWOOD, FL 32779*

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**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

*PATRICIA A. ANGELL 245 Cambridge Dr Longwood, FL 32779*

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

18th day of December, 1998.

*Patricia A. Angell*  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

BON CARE INC

2. The name and address of the registered agent and office is:

PATRICIA A. ANGELL

(Name)

225 So Swoope AVE

(P.O. Box not acceptable)

Maitland FL 32751

(City/State/Zip)

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*Having been named as registered agent and to accept service of process for the above 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, and I am familiar with and accept the obligations of my position as registered agent.*

Patricia A. Angell

(Signature)

12-18-98

(Date)