

TRANSMITTAL LETTER

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

SUBJECT:

PRO-CARE Inc.

(Proposed corporate name - must include suffix)

300002967033--5

-08/23/99--01116--004

*****70.00 *****70.00

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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Kimberly Shindel / Peter Shindel Jr
Name (Printed or typed)

4014 W. Waters Ave #1105
Address

Tampa FL 33614
City, State & Zip

(813) 290-7115
Daytime Telephone number

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

FILED
99 SEP 30 PM 3:25
TALLAHASSEE FLORIDA
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

August 26, 1999

KIMBERLY SHINDEL
4014 W. WATERS AVE.
#1105
TAMPA, FL 33614

SUBJECT: PRO-CARE
Ref. Number: W99000019899

We have received your document for PRO-CARE. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 899A00042937

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

PRO-CARE Inc.
Sanitorial Service/Facility Maintenance

ARTICLE II PRINCIPAL OFFICE

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

4014 W. Waters Ave
1105
Tampa, FL 33614

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Kimberly Shindel
4014 W. Waters Ave #1105
Tampa, FL 33614

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Kimberly - Peter Shindel Sr.
4014 W. Waters Ave #1105
Tampa FL 33614

Kimberly Shindel
Signature/Incorporator

8/18/99

Date

(An additional article must be added if an effective date is requested.)

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

Kimberly Shindel
Signature/Registered Agent

8/18/99

Date

FILED
99 SEP 30 PM 3:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA