

P04000061818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

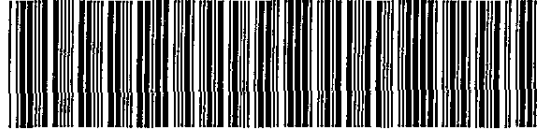
(Business Entity Name)

(Document Number)

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

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TALMADGE COUNTY  
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42-13

**TRANSMITTAL LETTER**

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

SUBJECT: Livvy's Health Care Services Corp  
(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 of Status

\$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: Livvy's Buccy  
Name (Printed or typed)

12308 SW 251 Terrace  
Address

Homestead FL 33032  
City, State & Zip

(305) 778-2495  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

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

**ARTICLE I : NAME**

The name of the corporation shall be:

LIURYS' HEALTH CARE SERVICES CORP

**ARTICLE II : PRINCIPAL OFFICE**

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

12308 SW 251 TERR  
HOMESTEAD, FL 33032

**ARTICLE III : SHARES**

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

100 SHARES

**ARTICLE IV : INITIAL REGISTERED AGENT AND STREET ADDRESS**


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

LIURYS BUREY  
12308 SW 251 TERR  
HOMESTEAD, FL 33032

**ARTICLE V : INCORPORATOR**

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

LIURYS BUREY (PRESIDENT)  
12308 SW 251 TERR  
HOMESTEAD, FL 33032

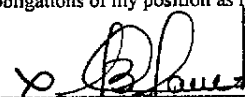
  
\_\_\_\_\_  
Signature/Incorporator

04/03/2004

\_\_\_\_\_  
Date

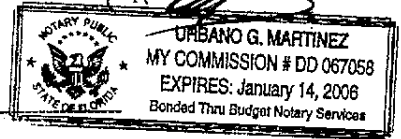
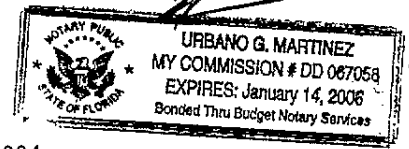
( An additional article must be added if an effective date is requested).

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.

  
\_\_\_\_\_  
Signature/ Registered Agent

04/03/2004

\_\_\_\_\_  
Date



FILED  
04 APR - 7 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA