P05000026139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 FEB 21 AM 11:21
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Caring Hands Home Health Care Incp.
(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: Adebusola Cordova, CEO of CH³CI
Name (Printed or typed)

403 N main Street Suit 5
Address

Haynn Fl. 32033.
City, State & Zip

850 5105977
Daytime Telephone number

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Caring Hands Home Health Care Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

403 N. Main Street, Suit 5 Havanna FL. 32033

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide optimal health care to the geriatric commun

ARTICLE IV SHARES

The number of shares of stock is:

4

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

1) Adebusola Cordova - founder, CEO
2) Nancy Sonn - Tresurn & financial officer
3) Lila Bradley - Director of Nursing & Alternate Administr
4) Pamela Woodworth - Director of Rehab.

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Adebusola Cordova
403 N Main Street
Suit 5
Havanna FL. 323033

ARTICLE VII INCORPORATOR

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

ADEBUSOLA CORDOVA
403 N. Main Street, Suit 5 Havanna FL. 32033.

****

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

Cordova, CEO of Caring Hands HHC — 2-21-05

Signature/Registered Agent — Date

Cordova. CEO of Caring Hands HHC

Signature/Incorporator — Date