

P05000026139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

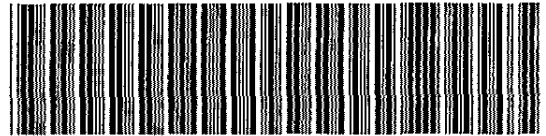
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

4
D. WHITE FEB 21 2005



400046620094

02/21/05--01044--021 **78.75

Securities & State
TALLAHASSEE, FLORIDA

05 FEB 21 AM 11:34

FILED

OFFICE OF THE CLERK
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

05 FEB 21 AM 11:21

RECEIVED

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

Hawthorn 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)

FILED

05 FEB 21 AM 11:34

ARTICLE I NAME

The name of the corporation shall be:

Caring Hands Home Health Care Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

403 N. Main Street, Suite 5 Havana FL 32033

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide optimal health care to the geriatric community

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) Adebisola Cordova - founder, CEO
- 2) Yancy Sonn - Treasurer & financial officer
- 3) Lita Bradley - Director of Nursing & Alternative Administer
- 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:

Adebisola Cordova
403 N Main Street
Suite 5
Havana FL 32033

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ADEBISOLA CORDOVA

403 N. Main Street, Suite 5 Havana 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

Signature/Registered Agent

Date

Signature/Incorporator

Date