

P07000103593

(Requestor's Name)

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(City/State/Zip/Phone #)

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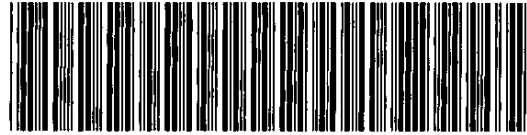
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 SEP 17 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

COVER LETTER

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

SUBJECT: Chance Homecare, Inc.

(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: Willy Francois

Name (Printed or typed)

6781 Coral Reef Street

Address

Lake Worth, FLorida 33467

City, State & Zip

(561) 389-3363

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)

ARTICLE I NAME

The name of the corporation shall be:

Chance Homecare, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6781 Coral Reef Street
Lake Worth, FL 33467

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Provide Home Health Care

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Edmee Francois, RN - CEO
6781 Coral Reef Street
Lake Worth, FL 33467

ARTICLE VI REGISTERED AGENT

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

Willy Francois
6781 Coral Reef Street
Lake Worth, FL 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James Francois
3404 Hayden Court
Boynton Beach, FL 33436

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

Willy Francois

Signature/Incorporator

James Francois

Date

Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA