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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DEPARTMENT OF STATE
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COVER LETTER

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

SUBJECT: Compassionate Care Hospice of Miami-Dade, 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

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TALLAHASSEE, FLORIDA

FROM: Geoffrey D. Smith
Name (Printed or typed)

2873 Remington Green Circle
Address

Tallahassee, FL. 32308
City, State & Zip

850-297-2006
Daytime Telephone number

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

Articles of Incorporation

Article 1: Name

The name of the corporation shall be Compassionate Care Hospice of Miami Dade, Inc.

Article 2: Principle Place of Business

18 Aquamarine Ave.
Naples, FL 34114

Article 3: Purpose

Any and all lawful purposes

Article 4: Shares

The number of Shares of Stock shall be 1000

Article 5: Initial Directors/Officers

President/Director
Grey, Judith
18 Aquamarine Ave.
Naples, FL 34114

Article 6: Registered Agent

Geoffrey D. Smith
Smith & Associates of Tallahassee, PA
2873 Remington Green Circle
Tallahassee, FL 32308

Article 7: Incorporator

Geoffrey D. Smith
Smith & Associates of Tallahassee, PA
2873 Remington Green Circle
Tallahassee, FL 32308

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TALLAHASSEE, FLORIDA

Geoffrey D. Smith
Signature/Registered Agent

10-20-08
Date

Geoffrey D. Smith
Signature/Incorporator

10-20-08
Date