

P.200000027767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

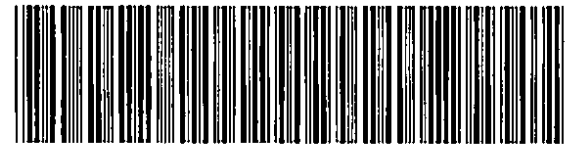
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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03/30/20--01025--014 \*\*73.75

COVER LETTER

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

SUBJECT: BOBBY G'S CARE HOME, 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: ELANIA WRIGHT HAMPTON  
Name (Printed or typed)

2181 BRANCUSI AVENUE  
Address

NORTH PORT FLA 34288  
City, State & Zip

941.416.2038  
Daytime Telephone number

PALAKARY @ YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 MAR 30 AM 6:50

FILED



**ARTICLE VIII-INDEMNIFICATION**

This Corporation shall indemnify any Officer or Director, or any former Officer or director, to the fullest extent permitted by law.

**ARTICLE IX-PREEMPTIVE RIGHTS**

Every Shareholder, upon the sale for cash of any new stock of this Corporation of the same kind, class or series as that which he already has, shall have the right to purchase his pro rata share thereof, (as nearly as may be done without the issuance of fractional shares) at the price at which it is offered to others.

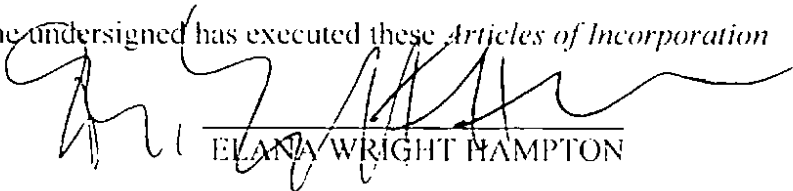
**ARTICLE X- INCORPORATORS**

The name and address of the person signing these *Articles of Incorporation* is Elana Wright Hampton, 2181 Brancusi Avenue, North Port FL 34288.

**ARTICLE XI- AMENDMENT**

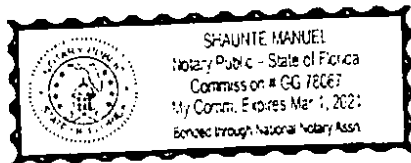
This Corporation reserves the right to amend or repeal any provisions contained in these *Articles of Incorporation*, in accordance with the provisions of the Florida Business Corporation Act.

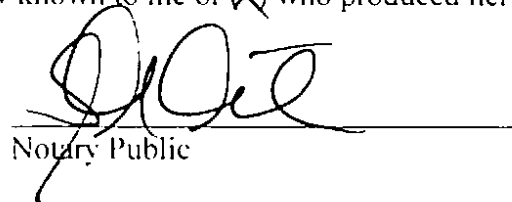
IN WITNESS WHEREOF, the undersigned has executed these *Articles of Incorporation* on this    day of March 2020

  
\_\_\_\_\_  
ELANA WRIGHT HAMPTON

STATE OF FLORIDA  
COUNTY OF Charlotte

The forgoing instrument was acknowledged before me in my physical presence on this 27<sup>th</sup> day of March 2020, by ELANA WRIGHT HAMPTON who personally appeared before me at the time of notarization and ( ) who is personally known to me or  who produced her #FDL W623-205-61-554 as identification

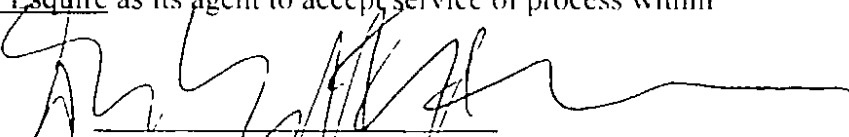


  
\_\_\_\_\_  
Notary Public

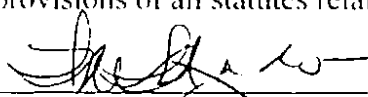
**CERTIFICATE DESIGNATING REGISTERED AGENT AND PLACE OF BUSINESS FOR SERVICE OF PROCESS WITHIN FLORIDA AND ACCEPTANCE OF AGENT UPON WHOM PROCESS MAY BE SERVED**

In compliance with ss48.091, Florida Statutes, the following is submitted:

That Bobby G's Care Home, Inc., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business **2181 Brancusi Avenue, North Port FL 34288** has named Donna M. Delgado, Esquire as its agent to accept service of process within Florida.

Dated: March 27/2020   
ELANA WRIGHT HAMPTON

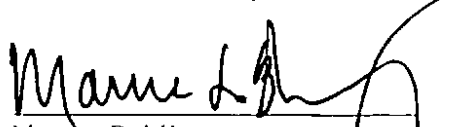
Having been named to accept service of process for the above named corporation which is located at **2181 Brancusi Avenue, North Port, FL 34288**, I hereby agree to act in this capacity and I further agree to comply with the provisions of all statutes relative to the proper performance of my duties.

  
Donna M. Delgado, Esquire  
Law Office of Donna M. Delgado, P.A.  
19 West Flagler Street/Suite 1212  
Miami, FL 33130  
305-654-8202  
dmdelgado@bellsouth.net

State of Florida  
County of Miami Dade

FILED  
2020 MAR 30 AM 6:58  
SECRETARY OF STATE  
TALLAHASSEE, FL

The foregoing instrument was acknowledge before me in my physical presence on 27 day of March 2020 by Donna M. Delgado, who personally appeared at the time of notarization and (  ) who is personally known to me or ( ) who produced her FDL # \_\_\_\_\_ as identification.

  
Notary Public

