

P03000113614

(Requestor's Name)

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(Business Entity Name)

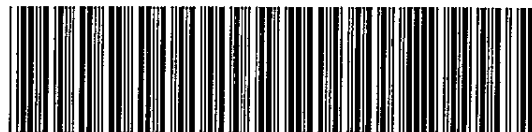
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 OCT 14 PM 8:01

F. OESSER

OCT 15

W3 29651

P95 87088

TRANSMITTAL LETTER

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

SUBJECT: UNLIMITED ANGELS CARE 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

Fee already paid

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: E. VADNE WATKIS
Name (Printed or typed)

12249 SW 50TH ST
Address

COOPER CITY FL 33330
City, State & Zip

(954) 252-8870
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 24, 2003

EVADNE WATKIS
12249 SW 50 STREET
COOPER CITY, FL 33330

SUBJECT: ANGEL'S CARE INC.
Ref. Number: W03000027370

We have received your document for ANGEL'S CARE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6904.

Freida Chesser
Document Specialist
New Filings Section

Letter Number: 003A00052608

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:

"EXPRESS HOME HEALTH INC."

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12197 PEMBROKE RD
PEMBROKE PINES, FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOME HEALTH CARE AND
RELATED SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

500 @ \$1 each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRES. DIRECTOR. EVADNE WATKIS RN 12249 SW 50th ST. COOPER CITY, FL. 33330
ASST. DIRECTOR. - JOY MAITLAND RN 9407 SW 18th ST. MIRAMAR 33021
VICE PRES. GWENDOLYN CAMPBELL RN 12249 SW 50th ST. COOPER CITY, FL 33330

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

EVADNE WATKIS
12249 SW 50th ST. COOPER CITY, FL. 33330

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EVADNE WATKIS, 12249 SW 50th ST. COOPER CITY, FL 33330

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

9/15/03

Date



Signature/Incorporator

9/15/03

Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 OCT 14 AM 8:01