

ND3000004160

(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



900018449109

05/09/03--01026--002 \*\*78.75

FILED  
03 MAY -9 PM 2:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: M & M Homecare, Inc  
(PROPOSED CORPORATE NAME - **MUST INCLUDE SUFFIX**)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: Mattie Morgan Owner  
Name (Printed or typed)

841 NW 179th Street  
Address

Miami, Florida 33169  
City, State & Zip

(305) 654-8474  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

M & M Homecare, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

841 NW 179th Street Miami, FL. 33169

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Not for profit organization caring for children

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

All Officers of M & C Homecare are appointed.

**ARTICLE V INITIAL DIRECTORS/OFFICERS**

The name(s), address(es) and title(s):

Mattie Morgan / Owner

841 NW 179th Street Miami, FL. 33169

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Mattie Morgan / Owner

841 NW 179th Street Miami, FL. 33169

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Mattie Morgan / Owner

841 NW 179th Street Miami, FL. 33169

\*\*\*\*\*  
*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.*

Mattie Morgan

Signature/Registered Agent / Incorporator

5/6/03

Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

FILED  
03 MAY -9 PM 2:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA