

N03000005602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

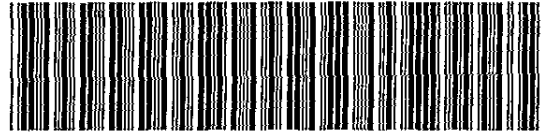
(Business Entity Name)

(Document Number)

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FILED  
03 JUN 30 PM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CB 7-1-3

## TRANSMITTAL LETTER

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

**SUBJECT:** Barbara A. Montgomery Home Care Service 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:** Barbara A. Montgomery  
Name (Printed or typed)

192 Lakeside Circle  
Address

Sanford< Florida. 32773  
City, State & Zip

407-323-9348  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 12, 2003

BARBARA A. MONTGOMERY  
192 LAKESIDE CIR  
SANFORD, FL 32773

SUBJECT: BARBARA ANN MONTGOMERY HOME CARE SERVICE  
Ref. Number: W03000016893

We have received your document for BARBARA ANN MONTGOMERY HOME CARE SERVICE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6925.

Cynthia Blalock  
Document Specialist  
New Filings Section

Letter Number: 003A00036538

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

Barbara A. Montgomery Home Care Service INC.

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**ARTICLE II PRINCIPAL OFFICE**

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

192 Lakeside Circle.Sanford, Florida 32773

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide sitter services, for those that are unable to be left alone at home.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

By owner, Barbara A. Montgomery

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

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

Barbara A. Montgomery President, 192 lakeside Circle. Sanford, Florida. 32773

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

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

Barbara A. Montgomery, 192 Lakeside Circle .Sanford, Florida. 32773

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Barbara A. Montgomery 192 Lakeside Circle. Sanford, Florida. 32773

*Barbara A. Montgomery*

\*\*\*\*\*

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.

*Barbara A. Montgomery*  
Signature/Registered Agent

*6-24-03*  
Date

*Barbara A. Montgomery*  
Signature/Incorporator

*6-24-03*  
Date