

N03000005602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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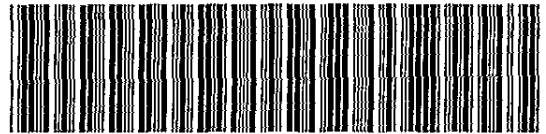
(Business Entity Name)

(Document Number)

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06/09/03--01025--024 \*\*78.00

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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)

FILED

**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