

No 3000 009111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

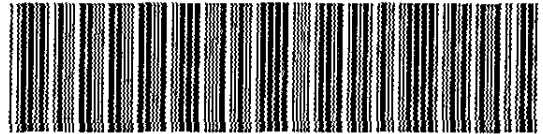
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

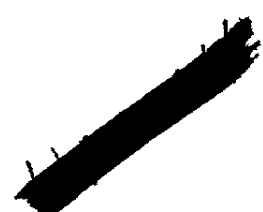


800023273798

10/02/03--01060--002 \*\*87.50

03 OCT 20 11:32

FILED



30-20

## TRANSMITTAL LETTER

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

SUBJECT: Christian Home Health Care 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: Doreen V. Richardson  
Name (Printed or typed)

394 Lakepark Trl.  
Address

Oviedo FL 32765  
City, State & Zip

407-366-9599  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 7, 2003

ARLENE V. RICHARDSON  
394 LAKEPARK TRL  
OVIEDO, FL 32765

SUBJECT: CHRISTIAN HOME HEALTH CARE, INC.  
Ref. Number: W03000028844

We have received your document for CHRISTIAN HOME HEALTH CARE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6884.

Shawn Logan  
Document Specialist  
New Filings Section

Letter Number: 503A00054819

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

*Christian Home Health Care Inc.*  
*"Always Extending a Helping Hand"*

## ARTICLE II PRINCIPAL OFFICE

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

*394 Lakepark Trl.*

*Oviedo, FL 32765*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*To service handicapped and  
homebound communities in  
Central Florida.*

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

*Elected by owner*

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

*ARLENE V. RICHARDSON*  
*394 Lakepark Trl.*  
*Oviedo, FL 32765*  
*Founder/CEO*

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

*ARLENE V. Richardson*  
*394 Lakepark Trl.*  
*Oviedo, FL 32765*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Arlene Richardson*  
*394 Lakepark Trl.*  
*Oviedo, FL 32765*

\*\*\*\*\*  
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.

*Arlene V. Richardson*  
Signature/Registered Agent

*10.11.03*  
Date

*Arlene V. Richardson*  
Signature/Incorporator

*09.26.03*  
Date

FILED  
03 OCT 20 PM 1:32  
CLERK OF DISTRICT COURT  
JULIA A. LEE