

N09000011805

(Requestor's Name)

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(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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2009 DEC 10 PM 4:16

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2546  
009-51759

gf 12/10/09

## COVER LETTER

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

SUBJECT: In Good Hands 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: Roxanna Dunn  
Name (Printed or typed)

14355 N.W. 22ave #1  
Address

Miami, FL 33054  
City, State & Zip

(305) 370-9318  
Daytime Telephone number

Roxanna — Dunn26@yahoo.com  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2009 DEC 10 PM 4:16

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



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2009 DEC 10 PM 4:16

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 24, 2009

ROXANNA DUNN  
14355 NW 22 AVENUE #1  
MIAMI, FL 33054

SUBJECT: IN GOOD HANDS INC.  
Ref. Number: W09000051759

We have received your document for IN GOOD HANDS INC. and your check(s) totaling \$105.00. 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 a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

An effective date may be added to the Articles of Incorporation **if a 2010 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the corrected 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) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 009A00036485

RECEIVED  
09 DEC 10 AM 11:49  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ROXANNA DUNN  
14355 N.W. 22<sup>ND</sup> AVENUE, #1  
MIAMI, FLORIDA 33054

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2009 DEC 10 PM 4:16

December 4, 2009

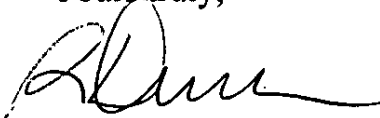
Claretha Golden, Regulatory Specialist  
New Filing Section  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida  
32314

Subject: IN GOOD HANDS, INC.  
Reference Number W09000051759

Dear Ms. Golden:

Please be advised that I, Roxanna Dunn, have dissolved the previous entity, IN GOOD HANDS, INC., a for profit corporation. I have no intention of revoking the dissolution. The effective date shall be the date of receipt of this letter.

Yours truly,

A handwritten signature in black ink, appearing to read 'R. Dunn', with a stylized flourish at the end.

Roxanna Dunn

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

In Good Hands Inc.

**EFFECTIVE DATE**

12/04/09

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2009 DEC 10 PM 4:16

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

14355 N.W. 22 ave #1  
Miami, FL 33054

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Assisted Living Home / Senior Services

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

vote

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

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

Roxanna Dunn (President)  
14355 N.W. 22 ave. #1  
Miami, FL 33054

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

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Roxanna Dunn  
14355 N.W. 22 ave. #1  
Miami, FL 33054

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Roxanna Dunn  
14355 N.W. 22 ave. #1  
Miami, FL 33054

\*\*\*\*\*

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

Nov. 16, 2009

Date

  
Signature/Incorporator

Nov. 16, 2009

Date

**SUBJECT: IN GOOD HANDS**

**Ref. Number: W09000051759**

**Article VIII Effective Date**

**December 4, 2009**