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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

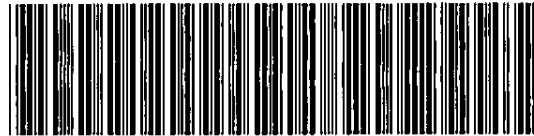
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14 MAR 27 AM 11:25

APPROVED

COVER LETTER

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

SUBJECT: Heaven Sent Elderly Care Services, 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: Alfreda Harris
Name (Printed or typed)

1800 Miccosukee Commons Dr. #1602
Address

Tallahassee, FL 32308
City, State & Zip

(850) 508-6724
Daytime Telephone number

fredaharris123@aol.com
E-mail address: (to be used for future annual report notification)

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: Heaven Sent Elderly Care Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1800 Miccosukee
Commons Dr. #1602
Tallahassee, Fl. 32308

Mailing address, if different is:

P.O. Box 37421
Tallahassee, Fl. 32315-7421

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide care to those
elderly adults returning home from hospital,
Recovering from surgery, or illness, who cannot afford
Care for recovery in the privacy of their homes.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as done by
By-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alfreda Harris President Name and Title: _____

Address 1800 Miccosukee Address: _____
Commons Dr. #1602
Tallahassee, Fl. 32308

Name and Title: _____ Name and Title: _____

Address N/A Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

STATE OF FLORIDA
MAR 27 2011 11:25 AM

14 MAR 27 AM 11:25

APPROVED

Name and Title: N/A Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Alfreda Harris

Address: 1800 Miccosukee Commons Dr. #1602
Tallahassee, FL 32308

STATE OF FLORIDA

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APPROVED

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alfreda Harris

Address: 1800 Miccosukee Commons Dr. #1602
Tallahassee, FL 32308

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

Alfreda Harris
Required Signature of Registered Agent

3-27-14
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Alfreda Harris
Required Signature of Incorporator

3-27-14
Date