

N1600000520A

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

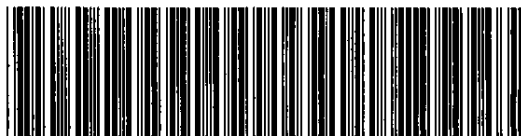
(Business Entity Name)

(Document Number)

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

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RECEIVED  
MAY 16 2016  
10:00 AM

16 MAY 23 PM 5:09

FILED

## COVER LETTER

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

**SUBJECT:** LIPTAK'S INSPIRED HOMECARE 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:** Amanda Ziyah Liptak  
\_\_\_\_\_  
Name (Printed or typed)

5142 NW 43rd Avenue,  
\_\_\_\_\_  
Address

Coconut Creek, FL 33073  
\_\_\_\_\_  
City, State & Zip

561-8606275  
\_\_\_\_\_  
Daytime Telephone number

liptaksamanda@gmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
16 MAY 23 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 11, 2016

AMANDA ZIYAH LIPTAK  
5142 NW 43RD AVE  
COCONUT CREEK, FL 33073

SUBJECT: LIPTAK'S INSPIRED HOMECARE INC.  
Ref. Number: W16000034446

We have received your document for LIPTAK'S INSPIRED HOMECARE 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):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return 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) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 516A00009958

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

**ARTICLE I NAME**

The name of the corporation shall be: LIPTAK'S INSPIRED HOMECARE INC.;

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
5142 NW 43rd Avenue,  
Coconut Creek, Fl. 33073

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to serve humanity offering support and services, giving quality care effectively for the elderly. In an age of impersonal care, our goal is to put people before profits and promise to serve as a vital resource to those in and out of the community that cannot afford to live in an upscale Adult Living Facility but will have a clean and comfortable home. Senior-lifestyle will be at the forefront of creating fulfilling lifestyles that enrich Senior's lives today and tomorrow which will add safety, love and comfort to each resident. At an early age, i started caring for my father who had stage 6 Alzheimer's disease. This became the lowest point in my life, it was extremely hard. After he died i decided that i had to do more. Since then, i have worked in an ALF for almost 6years. Assisted in private homes and presently taking care of my employer for over 9years with ALS.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: CEO/ P/ SEC

Directors are appointed by myself Amanda Liptak (CEO)  
the Head of the Company.

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

Name and Title: Amanda ziyah liptak (CEO) Name and Title: \_\_\_\_\_

Address: 5142 NW 43rd Avenue, Address: \_\_\_\_\_  
Coconut Creek , Fl. 33073

Name and Title: Yollanda Mellisea Stephens (President) Name and Title: \_\_\_\_\_

Address: 2980 Quantum Lakes Drive, Address: \_\_\_\_\_  
Boynton Beach , Fl.33426

Name and Title: Lauri-Ann Oniqua Ebanks (Secretary) Name and Title: \_\_\_\_\_

Address: 5524G Lakewood Circle, Address: \_\_\_\_\_  
Margate Fl. 33063

16 MAY 23 PM 5:09

FILED

Name and Title: \_\_\_\_\_ 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: Patericia Gasby-McKinnon

Address: 410 N 60 Way,  
Hollywood, Fl. 33024

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Amanda Ziyah Liptak

Address: 5142 NW 43rd Avenue,  
Coconut Creek Fl. 33073

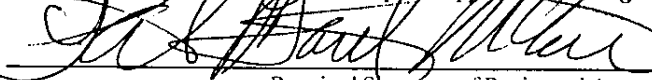
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

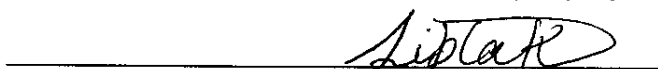
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

  
\_\_\_\_\_  
PATERICIA GASBY-MCKINNON  
Required Signature of Registered Agent

4/27/16  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
AMANDA Z LIPTAK  
Required Signature of Incorporator

4/27/16  
\_\_\_\_\_  
Date