

N17000002937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

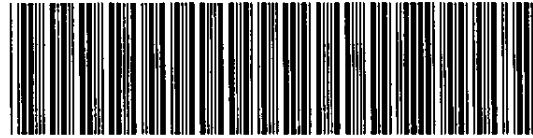
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03/21/17

## COVER LETTER

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

SUBJECT: Gail Best Support + Services  
(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: Gail Best  
Name (Printed or typed)

1651 NW 51<sup>st</sup> Ave  
Address

Lauderhill, FL 33317  
City, State & Zip

cell: 727-412-4140  
Daytime Telephone number

gailbest800@ymail.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

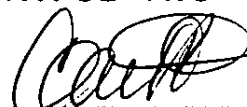
Name: (President) Gail Best  
Mailing: 1651 NW 51<sup>st</sup> Ave  
Lauderhill, FL 33313  
Daytime Phone Number: 727-412-4140  
Email: gailbest800@ymail.com


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TALLAHASSEE, FLORIDA

Corporation Name: Gail Best support Services Inc.  
Corporation Purpose: This is a charitable agency that serves the public.  
This agency provides free in-home and community support services to  
low income adults and seniors in the communities. Please see attached  
purpose for more information.

The Duration of the Corporation will be: Perpetual

Directors: Gail Best/ only one at this time.  
Other directors will be elected based on education and experience.

Registered Agent: Gail Best  
Registered Agent Address: 1651 NW 51<sup>st</sup> Ave  
Lauderhill, FL 33313  
Registered Agent Signature:  3/14/17  
Print Name: Gail A. Best

Incorporator: Gail Best  
Address: 1651 NW 51<sup>st</sup> Ave  
Lauderhill, FL 33313  
Incorporator Signature:  3/14/17  
Print Name: Gail A. Best

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: Gail Best  
Address: 1651 NW 51<sup>st</sup> Ave  
Lauderhill, FL 33313

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Gail Best  
Address: 1651 NW 51<sup>st</sup> Ave  
Lauderhill, FL 33313

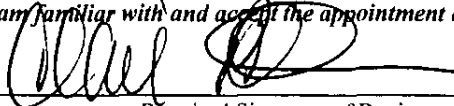
**ARTICLE VIII EFFECTIVE DATE:**

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.

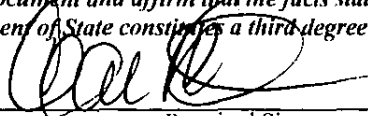
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature of Registered Agent

3/14/2017  
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.*



Required Signature of Incorporator

3/14/2017  
Date

## **Authorization Capital**

Aggregate number of shares the Corporation is authorized to issue: 0

**The board of directors will not have the power to adopt, amend, or repeal the Corporation bylaws.**

## **Dissolution of Assets Provision**

Once the determination has been made by the board of directors to dissolve the non-profit corporation. The public and creditors will be notify. Assets will be transfer to a similar non-profit corporation. Form 990 will be file with IRS. Article of dissolution will be file with Florida Department of State Division of Corporation. The attorney general office will be contacted to make sure dissolution is completed properly.

## AGENCY PURPOSE

Gail Best Support Services Inc. is a licensed non-profit agency that provides in-home and community support services to adults and seniors that are underinsured or do not receive health insurance. Clients may be in need of support services due to surgery, illness, physical limitation, etc. Trained support workers are assigned to assist individuals with their daily living activities. They will receive assistance with house maintenance, meal preparation, laundry, grocery shopping, and much more. Companion services are also available to those in need.

Community based support services consist of accompanying an individual to a doctor's appointment to provide support and also to provide companion services to individuals that are residing in a nursing facility or that are hospitalized.

This agency provides food, and personal care supplies to adults and seniors in need of these items. Eligibility for services are determined by recipients completing a financial assessment to determine if they are eligible for services.

This agency does not provide any personal care services. Personal care services are provided by health care agencies that provide these services. This agency is license for Homemaker and companionship support services to adults, and seniors. We serve individuals with little or no insurance.

This agency solicit contributions from the public. All contributions receive from

the public are used towards our cause.

This agency will be staffed with volunteers. All volunteers with access to clients or records of clients are required to comply with level 2 background screening. Compliance with background screening requirements may be accomplished by submitting the following requirements. Complete live scan, an affidavit of good moral character, local law enforcement check, and employment references.