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(Requestor's Name)

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17 MAY -9 PM 4:40

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAY -9 AM 12:52

COVER LETTER

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

SUBJECT: halshare 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: halisha Smith
Name (Printed or typed)

720 Dunn St.
Address

Tallahassee, FL 32304
City, State & Zip

850 405 0089
Daytime Telephone number

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

Call when
Ready

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAY -9 AM 12:53

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: Italo Care Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

780 Dunn St.

Tallahassee, Fl. 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO render service to the
elder and disable.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

As stated in by law

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Italisha Smith Name and Title: President

Address: 780 Dunn St. Address: _____

Tallahassee, Fl.
32304

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECTION OF CORPORATIONS
17 MAY - 9 AM 12:53

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

17 MAY - 9 AM 12:53

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE VI REGISTERED AGENT

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

Name: Halisha Smith

Address: 700 Dunn St.

Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Halisha Smith

Address: 700 Dunn St.

Tallahassee, FL 32304

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 days prior or 90 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

Halisha Smith

Required Signature of Registered Agent

05/09/17

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.

Halisha Smith

Required Signature of Incorporator

05/09/17

Date