

**n18000010711**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

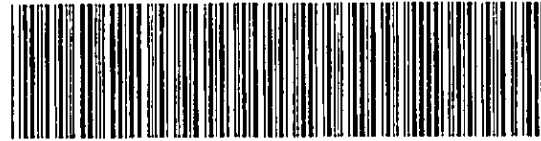
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Lucille's Loving 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: Melissa Lee  
Name (Printed or typed)  
PO Box 8806  
Address  
Jacksonville 32239  
City, State & Zip  
414 3 580 0389  
Daytime Telephone number

Leemelissa5751@gmail.com  
E-mail address: (to be used for future annual report notification)  
Lucille LCS INC@gmail.com

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:

Lucille's Loving Care Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

7707 Merrill Road #8804  
Jacksonville, FL 32239

PO BOX 8804  
Jacksonville FL 32239

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

(Please See Attachment)

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Melissa Lee

Address:

P.O. Box 8804

Jacksonville FL

32239

Name and Title:

Address:

Name and Title:

Latoya Gilchrist

Address:

P.O. Box 8806

Jacksonville FL

32239

Name and Title:

Address:

Name and Title:

Laverne Shaw

Address:

P.O. Box 8806

Jacksonville FL

32239

Name and Title:

Address:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 OCT -5 AM 10:37

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: Melissa Lee  
 Address: 7707 Merrill Rd  
Jacksonville, FL 32239

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Melissa Lee  
 Address: PO Box 8806  
JAY FL 32239

**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:*

X Melissa Lee  
 Required Signature of Registered Agent

2018 9/25  
 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.*

X Melissa Lee  
 Required Signature of Incorporator

2018 9/25  
 Date