

N18000011931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

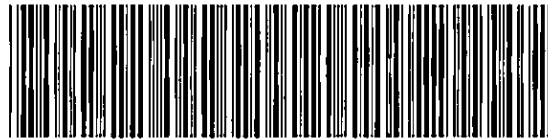
(Business Entity Name)

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ALBANY, FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

11/13/18

To whom it may concern,

My name is Annie D. Odom
and I am the CEO (owner)
of Imperial Guardian, LLC.

Thanks,

Annie Odom

2018 NOV 14 AM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Imperial Guardian, 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: Annie D. Odom
Name (Printed or typed)

609 Mary Beth Ave
Address

Tallahassee, Fla. 32303
City, State & Zip

(850) 405-0109
Daytime Telephone number

ann.odom@yahoo.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: Imperial Guardian, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address: 609 Mary Beth Ave Mailing address, if different is: [same]
Tallahassee, Fla. 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Corporation is a start up
company that provides a variety of home care services
to help individuals remain independent in their own
homes. In addition, when staying home is no longer
an option, our mission is to find the appropriate assisted
living option within our network to properly serve
the client and his/her family.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Annie D. Odom
CEO

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: Annie D. Odom
 Address: 609 Mary Beth Ave.
Tallahassee, Fla. 32303

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Annie D. Odom
 Address: 609 Mary Beth Ave
Tallahassee, Fla 32303

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3/23/2018 (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

Annie Odom
 Required Signature of Registered Agent

11/13/18
 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.

Annie Odom
 Required Signature of Incorporator

11/13/18
 Date