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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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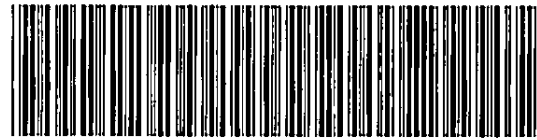
(Business Entity Name)

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CONFIDENTIAL

STATE OF FLORIDA
DIVISION OF CORPORATION
19 SEP 12 PM 12:02
TALLAHASSEE, FLORIDA

K PAGE

SEP 13 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2019

SONIA BECERRA
515 POST OAK BLVD, 300
HUSTON, TX 77027

SUBJECT: BEST LIFE HOME CARE, INC
Ref. Number: W19000073084

We have received your document for BEST LIFE HOME CARE, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

I HAVE ATTACHED A BLANK COPY OF NON PROFIT ARTICLES. PLEASE FILL THEM OUT AND MAIL THEM BACK. YOU ARE ALSO ELIGIBLE FOR A REFUND WITH YOUR ONLINE FILLING.

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.

Keyna E Page
Regulatory Specialist II

Letter Number: 519A00016388

2019 SEP 12 PM 2:10

COVER LETTER

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

Best Life Home Care, Inc

SUBJECT: _____
(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: _____
Name (Printed or typed)

515 Post Oak Blvd. #300

Address

Houston, TX 77027

City, State & Zip

877-777-0450

Daytime Telephone number

filings@swyftfilings.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 NAMEThe name of the corporation shall be: Best Life Home Care, Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address:

Mailing address, if different is:

2690 Drew St Apt 705Clearwater, FL 33759**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For charitable, educational, religious or other purposes as restricted by the IRS Code Section501 (c)(3). On dissolution, the Board shall distribute assets to one or more charitable purposesto entities exempt under Section 501 (c)(3).**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:AS PROVIDED FOR IN THE BYLAWS.**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Cortney Robinson - PresidentAddress: 2690 Drew St Apt 705Clearwater, FL 33759Name and Title: Lynnae Williams Robinson - TreasurerAddress: 2690 Drew St Apt 705Clearwater, FL 33759Name and Title: Cornell Robinson - SecretaryAddress: 2690 Drew St Apt 705Clearwater, FL 33759Name and Title: Omar Hill - Vice PresidentAddress: 2690 Drew St Apt 705Clearwater, FL 33759Name and Title: Cortney Robinson - DirectorAddress: 2690 Drew St Apt 705Clearwater, FL 33759Name and Title: Omar Hill - DirectorAddress: 2690 Drew St Apt 705Clearwater, FL 33759STATE OF FLORIDA
DIVISION OF CORPORATIONS

19 SEP 12 PM 12:02

STATE OF FLORIDA
DIVISION OF CORPORATIONS

Name and Title: Lynnae Williams- Robinson - Director Name and Title: _____Address: 2690 Drew St Apt 705 Address: _____Clearwater, FL 33759 _____

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: REGISTERED AGENTS INC.Address: 7901 4TH ST N, STE 300ST. PETERSBURG, FL 33702**ARTICLE VII. INCORPORATOR**

The name and address of the Incorporator is:

Name: Cortney RobinsonAddress: 2690 Drew St Apt 705Clearwater, FL 33759**ARTICLE VIII. EFFECTIVE DATE:**

Effective date, 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 Becerra
Required Signature of Registered Agent8/19/2019

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 [Signature]
Required Signature of Incorporator8-19-19

Date

DIVISION OF CORPORATION
 19 SEP 12 PM 12:02
 TALLAHASSEE, FLORIDA