

N190000009710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

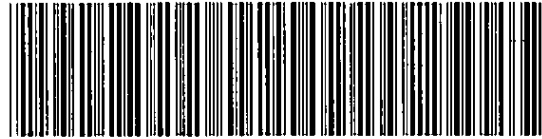
(Business Entity Name)

(Document Number)

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2019 SEP -4 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FL

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

agent@floridaregisteredagent.net
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: Best Life Home Care, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2690 Drew St Apt 705

Mailing address, if different is:

Clearwater, 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 Section
501 (c)(3). On dissolution, the Board shall distribute assets to one or more charitable purposes
to 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 - President Name and Title: Lynnae Williams Robinson - Treasurer

Address: 2690 Drew St Apt 705 Address: 2690 Drew St Apt 705

Clearwater, FL 33759 Clearwater, FL 33759

Name and Title: Cornell Robinson - Secretary Name and Title: Omar Hill - Vice President

Address: 2690 Drew St Apt 705 Address: 2690 Drew St Apt 705

Clearwater, FL 33759 Clearwater, FL 33759

Name and Title: Cortney Robinson - Director Name and Title: Omar Hill - Director

Address: 2690 Drew St Apt 705 Address: 2690 Drew St Apt 705

Clearwater, FL 33759 Clearwater, FL 33759

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TALLAHASSEE, FL

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 300

ST. PETERSBURG, FL 33702

ARTICLE VII INCORPORATOR

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

Name: Cortney Robinson

Address: 2690 Drew St Apt 705

Clearwater, FL 33759

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 Bell Hume
Required Signature of Registered Agent

8/19/2019
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 C. Robinson
Required Signature of Incorporator

8.19.19
Date