

121 0000 14327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

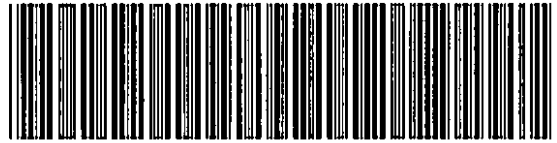
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*[Handwritten signature]*

(227)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 15, 2021

LAVORYIA TIMMONS  
24940 HYD PARK BLVD  
LAAND O LAKES, FL 34639

SUBJECT: FHC ENTERPRISES INC  
Ref. Number: W21000100636

We have received your document for FHC ENTERPRISES 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):

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

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.

Shareta Backey  
Regulatory Specialist II

Letter Number: 221A00016246

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FD

## COVER LETTER

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

**SUBJECT:** FHC Enterprises 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:** Lavoryia Timmons  
\_\_\_\_\_  
Name (Printed or typed)

24940 Hyde Park Blvd  
\_\_\_\_\_  
Address

Land O Lakes, FL. 34639  
\_\_\_\_\_  
City, State & Zip

(954) 821-2599  
\_\_\_\_\_  
Daytime Telephone number

Lhill.geriatrics@gmail.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

RECEIVED  
2017 MAR 22

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: FHC Enterprises Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
24940 Hyde Park Blvd

Land O Lakes, FL. 34639

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Faithfully uniting common needs of individuals with hopeful & helpful resources, ncreasing charitable contributions to the

disadvantaged. The organization is organized exclusively for charitable and educational purposes under Section 501c3 of the

Internal Revenue Code, or the corresponding section of any future federal tax code and upon the dissolution of the organziation,

assets shall be distributed for one or more charitable purposes under Section 501c3 of the Internal Revenue Code.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Set forth in bylaws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Lavoria Timmons, President

Address: 24940 Hyde Park Blvd  
Land O Lakes, FL. 34639

Name and Title: Ncidi Viales, Vice President

Address: 24940 Hyde Park Blvd  
Land O Lakes, FL. 34639

Name and Title: Latoya Simmonds, Director

Address: 24940 Hyde Park Blvd  
Land O Lakes, FL. 34639

Name and Title: Tamika Ellington, Director

Address: 24940 Hyde Park Blvd  
Land O Lakes, FL. 34639

Name and Title: Latesha Burden, Director

Address: 24940 Hyde Park Blvd  
Land O Lakes, FL. 34639

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Lavoryia Timmons \_\_\_\_\_

Address: 24940 Hyde Park Blvd \_\_\_\_\_

Land O Lakes, FL. 34639 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Lavoryia Timmons \_\_\_\_\_

Address: 24940 Hyde Park Blvd \_\_\_\_\_

Land O Lakes, FL. 34639 \_\_\_\_\_

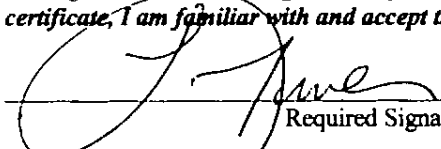
**ARTICLE VIII EFFECTIVE DATE:**

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.)

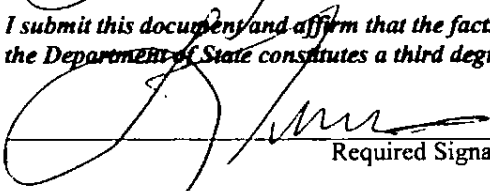
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
\_\_\_\_\_  
Required Signature of Registered Agent

12/7/21  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

12/7/21  
\_\_\_\_\_  
Date