

N22030004154

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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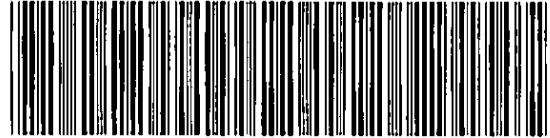
(Business Entity Name)

(Document Number)

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

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FILED  
2022 APR 28 AM 8:36  
STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2022 APR 29 AM 8:45  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: A Different Touch Health Care 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: John Gilbert SR  
Name (Printed or typed)

1100 Limes Trail  
Address

Fernandina Bch, FL 32031  
City, State & Zip

904 624 - 5383  
Daytime Telephone number

john@americagrowth.org  
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:

**A DIFFERENT TOUCH HOME HEALTH CARE INC**

**ARTICLE II PRINCIPAL OFFICE**

907 S 11th St FERNANDINA BEACH, FLORIDA 32034

**ARTICLE III PURPOSE**

**THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZE IS:**

**To provide a different home healthcare assistance to those that are in need and  
having a difficult time.**

**ARTICLE IV MANNER OF ELECTION**

**The manner in which the directors are elected and appointed:**

**By appointment according to corporation bylaws**

**ARTICLE V INITIAL OFFICERS DIRECTORS**

**Carrie Patterson 907 SO. 11<sup>TH</sup> STREET FERNANDINA BEACH FLORIDA 32034**

**NEKA MELLS 907 SO. 11<sup>TH</sup> STREET FERNANDINA BEACH FLORIDA 32034**

**SYLVIA PATTERS907 SO. 11<sup>TH</sup> STREET FERNANDINA BEACH FLORIDA 32034ON**

**ARTICLE VI REGISTERED AGENT**

**the name and Florida street address of the registered agent is:**

**John H. Gilbert Sr. 1100 lime St apt 38 Fernandina beach Florida 32034**

**FILED**  
**2022 APR 28 AM 8:36**  
**STATE**  
**CLERK**

Article VII incorporator

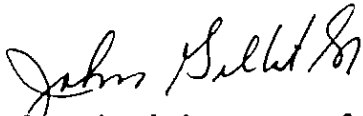
the name and address of the incorporator is:

John H Gilbert SR. 1100 lime St apt 38 FERNANDINA BEACH. FLORIDA 32034

ARTICLE VIII EFFECTIVE DATE

effective date the date of filing

Having been named as registered agent to accept service of process for the above stated corporation and the place designated in this certificate I am familiar with and accept the appointment as registered agent and agreed to act in this capacity



Required signature of registered agent

Date April 29th 2022

I submit this document and AFFIRM that the facts stated herein are true I'm aware that any false information submitted in a document to the Department of State constitutes a third degree felony and provided for in S.817.155, F.S



Required Signature Of Incorporator April 29th 2022

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STATE  
OFFICE