

TRANSMITTAL LETTER

PO 2000044194

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 APR 17 PM 4:22

SUBJECT: GOLDEN YEARS SERVICES
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Yvonne West
Name (Printed or typed)

17160 S.W. 94th Ave #604
Address

Miami FL 33157
City, State & Zip

305-255-3679
Daytime Telephone number

200005289442--3
-04/17/02--01045--002
*****78.75 *****78.75

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Golden Years Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*17160 S.W. 94 Ave #604
Miami, Fl. 33157*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Provide Personal Care Services
and Home Management.*

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

*Yvonne West
17160 S.W. 94 Ave #604
Miami, Fl. 33157*

ARTICLE VI REGISTERED AGENT

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

*Yvonne West
17160 S.W. 94 Ave #604*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Yvonne West
17160 S.W. 94 Ave #604
Miami Fl. 33157*

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.

Yvonne West
Signature/Registered Agent

4/15/2002
Date

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TALLAHASSEE, FLORIDA
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