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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Handwritten signature

TRANSMITTAL LETTER

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

SUBJECT: Cypress Home Health Care Incorporated

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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Duncan & Tardif, P.A.
P.O. Box 249
Ft. Myers, Florida 33902
941 334-4574

Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Cypress Home Health Care Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

11341 Lindbergh Boulevard
Fort Myers, Fl 33913

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Gordon R. Duncan
1601 Jackson Street, Ste. 101
Fort Myers, FL 33901

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Brian A. Owens
11341 Lindbergh Blvd.
Fort Myers, Florida 33913

ARTICLE VII DIRECTORS

The number of Directors constituting the initial Board of Directors is four (4). The number of Directors may be increased or decreased from time to time in accordance with the By Laws, but shall never be less than one (1). The names of the initial Directors are:

Raymond C. Bailey Marc Parness
C. David Davis

Signature/Incorporator

Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date

FILED
OCT 28 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA