

PO2000121748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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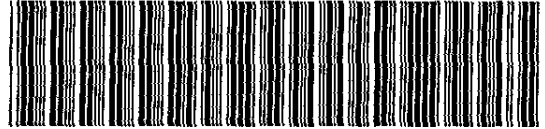
(Business Entity Name)

(Document Number)

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

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## TRANSMITTAL LETTER

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

SUBJECT: ELIKON, INC.  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ELIZABETH EKINE HARRY, RN (PRESIDENT)  
Name (Printed or typed)

2025 BRANDON CROSSING CIRCLE #201  
Address

BRANDON FL - 33511  
City, State & Zip

(813) 681 - 7789  
Daytime Telephone number

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:  
**ELIKON, INC.**

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:  
2025 Brandon Crossing #201  
Brandon, FL 33511

### **ARTICLE III PURPOSE**

The purpose for this corporation shall include;  
Private duty nursing services under the direction of a  
Licensed Physician, in the private home of the patient.

### **ARTICLE IV SHARES**

There no shares of stock, sole proprietor.

### **ARTICLE V INTIAL OFFICERS/ DIRECTORS**

Elizabeth Ekine- Harry, RN President  
2025 Brandon Crossing #201  
Brandon, FL 33511

### **ARTICLE VI REGISTERED AGENT**

Elizabeth Ekine-Harry, RN  
2025 Brandon Crossing #201  
Brandon, FL 33511


### **ARTICLE VII INCORPORATOR**

Elizabeth Ekine-Harry, RN  
2025 Brandon Crossing #201  
Brandon, FL 33511

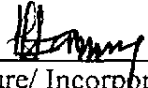
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TALLAHASSEE FLORIDA

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Having been named as registered agent to accept service 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

  
Signature/ Registered Agent

11/05/02  
Date

  
Signature/ Incorporator

11/05/02  
Date