

P02000121923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

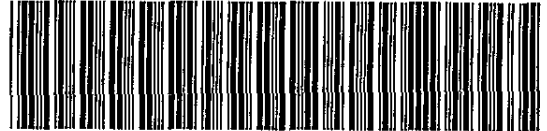
(Business Entity Name)

(Document Number)

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11/04/02--01097--011 \*\*78.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 NOV 14 AM 7:37

F. O'HESSEY  
NOV 15

## TRANSMITTAL LETTER

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

SUBJECT: Loving Care Home Health 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  
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: Keisha Lopez  
Name (Printed or typed)

6835 Broadmoor  
Address

North Lauderdale FL 33068  
City, State & Zip

(954) 341-2916  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

November 6, 2002

KEISHA LOPEZ  
6835 BROADMOOR  
NORTH LAUDERDALE, FL 33068

SUBJECT: LOVING CARE HOME HEALTH INC.  
Ref. Number: W02000031896

We have received your document for LOVING CARE HOME HEALTH INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of 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) 245-6904.

Freida Chesser  
Corporate Specialist  
New Filings Section

Letter Number: 302A00060766

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 NOV 14 PM 4:27

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**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:

Loving care Home Health of south Florida Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

6835 Broadmoor  
North Lauderdale Fl. 33068

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Employment staffing and Home Health agency

**ARTICLE IV SHARES**

The number of shares of stock is:

ONE

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

Keisha Lopez - Administrator - D

Christopher Lyn - Financial officer - D

address:

6835 Broadmoor  
North Lauderdale Fl. 33068

**ARTICLE VI REGISTERED AGENT**

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

Keisha Lopez

6835 Broadmoor

North Lauderdale Fl. 33068

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Keisha Lopez

6835 Broadmoor

North Lauderdale Fl. 33068

\*\*\*\*\*

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

Keisha Lopez

Signature/Registered Agent

10/30/02

Date

Keisha Lopez

Signature/Incorporator

10/30/02

Date

Keisha Lopez

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 NOV 14 AM 7:37