P02000130992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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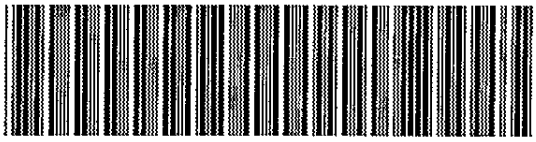

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TALLAHASSEE, FLORIDA

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# TRANSMITTAL LETTER

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

**SUBJECT:** Reach Out & Touch Care Service / Training Center 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: Frankie Solomon
Name (Printed or typed)

P.O. Box 680893
Address

Orlando, Fla. 32868
City, State & Zip

407-592-0630 or 407-521-7073
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:

REACH OUT & Touch Care Service/ TRAINING CENTER INC.

***ARTICLE II PRINCIPAL OFFICE***

The principal place of business/mailing address is:

P.O. Box 680893, Orlando, Fla. 32868
6900 Silver Star Rd. Suite 202, Orlando, Fla. 32868

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***ARTICLE III PURPOSE***

The purpose for which the corporation is organized is:

To provide care for the elderly and provide traing for for the Home Health Aide and Certified Nursing Assistance License

***ARTICLE IV SHARES***

The number of shares of stock is: 100

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

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

ROSE Solomon P.O. Box 680893, Orlando, Fla. 32868 President-C
Chevon Stallworth P.O. Box 680893, Orlando, Fla. 32868 Vice-Presid
Frankie Solomon P.O. Box 682414, Orlando, Fla 32868 Treasurer-Cf

***ARTICLE VI REGISTERED AGENT***

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

Frankie Solomon
4991 Timber Ridge Tr.
Ocoee, Fla 34761

***ARTICLE VII INCORPORATOR***

The **name and address** of the Incorporator is:

Rose Marie Solomon
P.O. Box 680893
Orlando, Fla. 32868

**********

***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***

Frankie Solomon
Signature/Registered Agent
Frankie Solomon

12-9-02
Date

Rose Marie Solomon
Signature/Incorporator
Rose Marie Solomon

12-9-02
Date