

P03000017788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

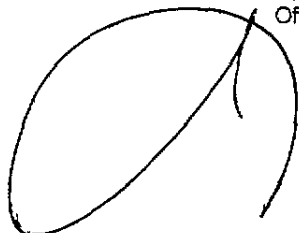
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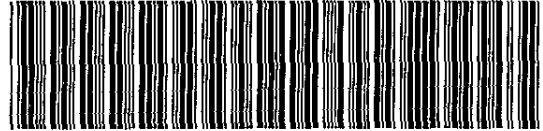
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
03 FEB 13 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

✓

TRANSMITTAL LETTER

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

SUBJECT: ILDIKO + Norman Budd Home Care 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

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

FROM: ILDIKO + Norman Budd Home Care Inc.  
Name (Printed or typed)

625 20th ST. S.W.  
Address

VERO BEACH FL 32962  
City, State & Zip

772-562-4946<sup>772-</sup> 713-0031  
Daytime Telephone number

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



**FLORIDA DEPARTMENT OF STATE**  
Ken Detzner  
Secretary of State

**RECEIVED**  
03 FEB 14 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 5, 2003

**ILDIKO & NORMAN BUDD HOME CARE INC.**  
625 20TH ST. S.W.  
VERO BEACH, FL 32962

**SUBJECT: ILDIKO & NORMANS HOME CARE INC.**  
Ref. Number: W03000003444

We have received your document for ILDIKO & NORMANS HOME CARE INC.. However, the document has not been filed and is being returned for the following:

The document must state the number of shares of authorized stock.

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

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) 245-6934.

Loria Poole  
Corporate Specialist  
New Filings Section

Letter Number: 703A00007748

**ARTICLES OF INCORPORATION**

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

**FILED**  
03 FEB 13 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

ILDIKO + NORMAN'S HOME CARE INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

625 20th St. SW.  
VERO BEACH FL. 32962

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For employment

**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):

Norman Budd PRES.  
ILDIKO: Budd VICE PRES.  
625 20th St. SW.  
Vero Beach, FL. 32962

**ARTICLE VI REGISTERED AGENT**

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

ILDIKO Budd  
625 20th St. SW.  
VERO BEACH FL 32962

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Norman C. Budd  
625 20th St. SW.  
VERO BEACH FL. 32962.

\*\*\*\*\*  
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

ILDIKO Budd  
Signature/Registered Agent

1/24/03  
Date

Norman C. Budd  
Signature/Incorporator

1/24/03  
Date