

PO3000062467

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05/20/03--01036--005 **78.75

FILED

03 JUN -5 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W03-18252

TS
6/6/03

TRANSMITTAL LETTER

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

SUBJECT: _____

HOME CARE SERVICES
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: _____

VERRITT NEWMAN

Name (Printed or typed)

3091 WINKLER AVE EXT #822

Address

FORT MYERS, FL 33916

City, State & Zip

239-246-6476

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 29, 2003

VERRITT NEWMAN
3691 WINKLER AVE EXT 822
FT MYERS, FL 33916

SUBJECT: HOME CARE SERVICES
Ref. Number: W03000015252

We have received your document for HOME CARE SERVICES 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6927.

Tracy Smith
Document Specialist
New Filings Section

Letter Number: 203A00033754

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUN -5 PM 1:53

RECEIVED

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:

HOME CARE SERVICES CO.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3691 WINKLER AVE EXT #802

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOUSE CLEANING

HOUSE SITTING + ANIMAL SITTING

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

VERITT NEWMAN

3691 WINKLER AVE EXT #802, PM, FL 33916

PRESIDENT

ARTICLE VI REGISTERED AGENT

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

VERITT NEWMAN

3691 WINKLER AVE EXT #802

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

VERITT NEWMAN

3691 WINKLER AVE EXT #802

PORT MYERS, FL 33916

Having been named as registered agent to accept service of process for the above stated corporation at the place designating certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Veritt M Newman

Signature/Registered Agent

5/12/03

Date

Veritt M Newman

Signature/Incorporator

5/12/03

Date

FILED

03 JUN -5 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA