P03000062467

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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

D3 JUN-5 AM 9: 38
SECRETARY OF STATE.

33,535

(5/6)

TRANSMITTAL LETTER

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

SUBJECT:	HOME C	ARE SERI) ICBS		
	(PROPOSED CORPORAT	TE NAME – MUST INCLUI	DE 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		
		ADDITIONAL COR	& Certificate of Status PY REQUIRED		
FROM: VERRIT NEW MAN Namle (Printed or typed)					
3(09) WINKLER AVE EXT #802					
PORT MY GRS TEL 33916 City, State & Zib					
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.

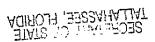
The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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



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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:	
HOME CARE SERVICES	.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 3691 WINKLER AVE EXT #800	03 JUN SECRE TALLAH
ARTICLE III PURPOSE The purpose for which the corporation is organized is: TOUSE CLEANING	JUN-5 AM S CRETARY OF S LAHASSEE, FI
HOUSE SITTING + AM MAZ SITTING ARTICLE IV SHARES The number of shares of stock is:	9: 38 FLORIDA
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	•
· () A () () (An)	D. D. 230
3691 WINKLER ALLE EXT #802	, PM, 152 339
PRESIDENT	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: UFRATT NEWMAN 3691 WIN MER AUG EXT #833	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is: VERRIT WEWAN	
3691 WINKUTR AUF BXT #802	
FORT WUKDS. PL 23916	******
Having been named as registered agent to accept service of process for the above stated c certificate, I am familiar with and accept the appointment as registered agent and agree to	corporation at the place design act in this capacity
Signature/Registered Agent	5 12 03 Date
Signature/Incorporator	5 12 63 Date