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TRANSMITTAL LETTER

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

SUBJECT: Hee	avenly Care Services In.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00	\$78.75	□ \$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
i imig i cc	& Certificate of Status	& Certified Copy	Certified Copy
	& Cermicale of Status	a certifica copy	& Certificate of
		1	Status
		ADDITIONAL CO	
		ADDITIONAL CO	T I REQUIRED
FROM: P	atrina E. Buissereth		
		e (Printed or typed)	
	6497 Sunset Strip		
	• • • • • • • • • • • • • • • • • • • •	Address	
	Sunrise Fl 3313		
	City	, State & Zip	
	954-336-2546		
	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:

Heavenly Care Services Inc.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

6497 Sunset Stip Sunrise Fl. 33313

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

To engage or transact in any or all lawful activities permitted under the laws of the United States, the State of Florida or any other state, country, its territory or nation.

ARTICLE IV SHARES

The number of shares of stock is:

The maximum number fo shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having no par value per share.

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Patrina E. Buissereth 6497 Sunset Strip Sunrise Fl. 33351

President/Director

ARTICLE VI REGISTERED AGENT

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

Patrina E. Buissereth 2460B North State Rd. 7 Lauderdale Lakes Fl. 33313

ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

Signature/Incorporator

Patrina Buissereth 649 Sur

6497 Sunset Strip Sunrise FI. 33313	
***********	***********
Having been named as registered agent to accept service of process for the certificate, I am familiar with and accept the appointment as registered agent	
Signature/Registered Agent	Date (1)
ABCUALL	4/20/c/3
Signature/Incorporator	Date