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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: KAY C. Noyes - Noyes Home Inc.
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM:

KAY C. Noyes
Name (Printed or typed)

5220 Springwood Rd.
Address

Springhill FL 34609
City, State & Zip

Kay Noyes **GAVE** 352- 688- 4410
AUTHORIZATION BY PHONE TO Daytime Telephone number
CORRECT Art VI
DATE 9/16/03
DOC. EXAM _____

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 25, 2003

KAY C. NOYES
5220 SPRING WOOD ROAD
SPRING HILL, FL 34609

SUBJECT: KAY C. NOYES-NOYES HOME-INC.
Ref. Number: W03000024209

We have received your document for KAY C. NOYES-NOYES HOME-INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete Article VI. and the registered must sign accepting the designation.

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) 245-6067.

Neysa Culligan
Document Specialist
New Filings Section

Letter Number: 303A00047949

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: *KAY C. Noyes - Noyes Home - INC.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*KAY C. Noyes
5220 Springwood Rd.
Springhill Fl. 34609*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Provider for- Home And
Community Based services For
Developmental Disabilities*

ARTICLE IV SHARES

The number of shares of stock is:

One

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

JANE L. PHIFER
10109 THAYER STREET
BROOKSVILLE, FL. 34601

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*KAY C. Noyes
5220 Springwood Rd.
Springhill Fl. 34609*

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

Jane L. Phifer

Signature/Registered Agent

09/08/03

Date

Kay C. Noyes

Signature/Incorporator

8-18-03

Date