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Certified Copies Certificates of Status				
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TRANSMITTAL LETTER

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

SUBJECT:	OSTOY, INC.			
	(PROPOSED CORPORAT	E NAME – <u>MUST INCL</u> I	<u>UDE SUFFIX</u>)	
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:	
□ \$70.00	□ \$78.75	□ \$78.75 .	X \$87.50	
Filing Fee	Filing Fec	Filing Fcc	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
FROM: TAWA DUROJAIYE				
Name (Printed or typed)				
9022 CLIFF LAKE LANE				
-	TAMPA F	L 33 (614_	
(813) 887 — 1020				
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)

OF

TOSTOY, Inc.

ARTICLE I

The Name of the corporation shall be: HILCY, Inc.

ARTICLE II Principal Office

The principal place of business/ mailing address is: 9022 Cliff Lake Lane
Tampa, FL 33614

ARTICLE III

Purpose

The purpose of the organization is to provide quality one on one private duty Nursing as directed by a physician, in the privacy of a patient's home.

ARTICLE IV

Shares

The number of stock is: One (1)

ARTICLE V

Initial Officers/ Directors

Tawa Durajaiye, RN President/Owner 9022 Cliff Lake Lane Tampa, FL 33614

ARTICLE VI Registered Agent

The Name and address of the registered agent is: Tawa Durojaiye, RN 9022 Cliff Lake Lane Tampa, FL 33614

ARTICLE VII **INCORPORATOR**

The Name and address of the incorporator is: Tawa Durojaiye, RN 9022 Cliff Lake Lane Tampa, FL 33614

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

Signature Registered Agent

10/8 / Q3 Date