

P040000008226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

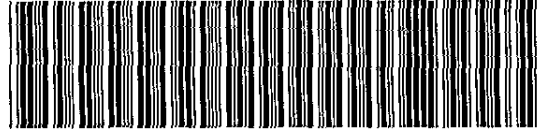
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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11/05/03--90006--002 **10.00

01/12/04--01017--019 **18.75

11/05/03--90006--001 **50.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN 12 AM 12:17

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ksf

TRANSMITTAL LETTER

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

SUBJECT: Noel Home Health Agency / Academic, inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Emmanuel Noel
Name (Printed or typed)

6250 W. Oakland Park Blvd. Suite #9
Address

Sunrise, FL 33313
City, State & Zip

(954) 741-0777
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: Noel Home Health Agency / Academic, inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 6250 W. Oakland Park Blvd.
Suite #9
Sunrise, FL 33313

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Anything Legal

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Emmanuel Noel, President
6250 W. Oakland Park Blvd.
Suite #9
Sunrise, FL 33313

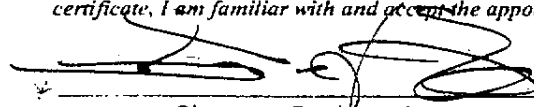
ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: Emmanuel Noel
6250 W. Oakland Park Blvd.
Suite #9
Sunrise, FL 33313

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Emmanuel Noel
6250 W. Oakland Park Blvd. Suite# 9
Sunrise, FL 33313

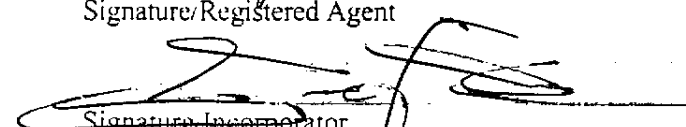
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

01-07-04

Date

* 

Signature Incorporator

01-07-04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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