

P04000012352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

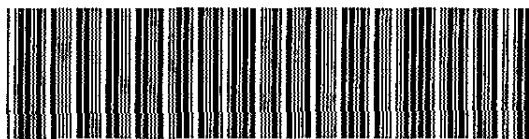
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JAN 12 PM 3:07

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## TRANSMITTAL LETTER

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

SUBJECT: HELPING ANGELS SENIOR CARE 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: KIMBERLY D. MORRIS  
Name (Printed or typed)

3507 WOOD RIDGE PKWY  
Address

PALM HARBOR FL 34689  
City, State & Zip

727-934-0699  
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:

HELPING ANGELS SENIOR CARE, INC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 1225  
TARPON SPRINGS, FL 34688

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

IN-HOME NON-MEDICAL SENIOR CARE

## ARTICLE IV SHARES

The number of shares of stock is:

1,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

KIMBERLY D. MORRIS PRESIDENT  
3507 WOOD RIDGE PARKWAY  
PALM HARBOR, FL 34684

## ARTICLE VI REGISTERED AGENT

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

KIMBERLY D MORRIS  
3507 WOOD RIDGE PKWY  
PALM HARBOR, FL 34684

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KIMBERLY D. MORRIS  
3507 WOOD RIDGE PKWY  
PALM HARBOR, FL 34684

\*\*\*\*\*

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

x Kimberly D. Morris  
Signature/Registered Agent

1/8/04  
Date

x Kimberly D. Morris  
Signature/Incorporator

1/8/04  
Date