

P04000046164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

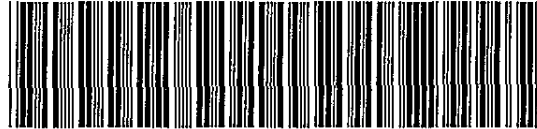
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Am 2/15

## TRANSMITTAL LETTER

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

SUBJECT:

Gillyard & Williams  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Home  
HEALTHCARE  
Services

Enclosed is 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:

TWYNETTE GILLYARD  
Name (Printed or typed)

937 APACHE STREET  
Address

TALLAHASSEE, FL 32301  
City, State & Zip

(850) 942-7273  
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:

Gillyard & Williams Home Health <sup>care</sup>  
Service  
INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

937 APACHE ST.  
TALL, FL 32301

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

care  
Home Health Services

**ARTICLE IV SHARES**

The number of shares of stock is:

01

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

TWYNETTE GILLYARD, CEO/PRESIDENT  
937 APACHE ST.  
TALLAHASSEE, FL ~~32304~~ 32301

**ARTICLE VI REGISTERED AGENT**

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

TWYNETTE GILLYARD  
937 APACHE ST.  
TALLAHASSEE, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

TWYNETTE GILLYARD  
937 APACHE ST.  
TALLAHASSEE, FL 32301

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TALLAHASSEE, FLORIDA

\*\*\*\*\*  
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

Twynette Gillyard  
Signature/Registered Agent

3/15/04  
Date

Twynette Gillyard  
Signature/Incorporator

3/15/04  
Date