

P04000100769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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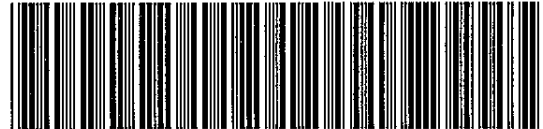
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1507/06/07

TRANSMITTAL LETTER

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

SUBJECT: INDEPENDENT LIVING HOME CARE AGENCY-
(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
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: JAMES W. CRAIN JR.
Name (Printed or typed)

2477 STICKNEY PT. RD STE 315 B
Address

SARASOTA, FL 34231
City, State & Zip

(941) 924-2764
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:

INDEPENDENT LIVING HOME CARE AGENCY INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2477 STICKNEY PT. RD. STE 315 B
SAVASOTA, FL 34231

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE HOMEMAKER
AND COMPANION SERVICES AND CUSTODIAL CARE TO PAYING
CUSTOMERS.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

JAMES W. CRAIN JR.
2477 STICKNEY PT. RD STE 315 B
SAVASOTA, FL 34231

ARTICLE VI REGISTERED AGENT

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

JAMES W. CRAIN JR.
2477 STICKNEY PT. RD STE 315 B
SAVASOTA, FL 34231

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES W. CRAIN JR
2477 STICKNEY PT. RD STE 315 B
SAVASOTA, FL 34231

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

Date

6/29/04

Signature/Incorporator

Date

6/29/04

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SECRETARY OF STATE
TALLAHASSEE FLORIDA