

P04000138568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

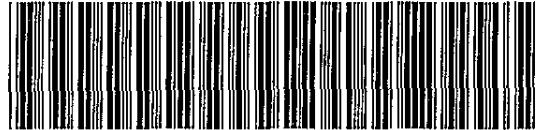
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700041170357

09/24/04--01083--001 **87.50

FILED
04 OCT -6 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W04-3555
exg/

TRANSMITTAL LETTER

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

SUBJECT: COMPASSION IN HEALTHCARE 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: MICHAEL DEWAYNE LAWLER
Name (Printed or typed)

4714 HALIFAX DRIVE
Address

PORT ORANGE FL 32127
City, State & Zip

386 760 5026
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 27, 2004

MICHAEL DEWAYNE LAWLER
4714 HALIFAX DR.
PORT ORANGE, FL 32127

SUBJECT: COMPASSIONATE HEALTHCARE INC.
Ref. Number: W04000035556

We have received your document for COMPASSIONATE HEALTHCARE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6878.

Alan Crum
Document Specialist
New Filings Section

Letter Number: 104A00056431

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:

COMPASSION IN HEALTHCARE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4714 HALIFAX DRIVE
PORT ORANGE FLORIDA 32127

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE ASSISTED LIVING SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

1,000 ONE THOUSAND

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRESIDENT - MICHAEL DELWAYNE LAWLER
4714 HALIFAX DRIVE PORT ORANGE FLORIDA 32127
SECRETARY - SHOSHANNAH ELISHIBA TEMPEST
4714 HALIFAX DRIVE PORT ORANGE FLORIDA 32127

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MICHAEL D. LAWLER
4714 HALIFAX DRIVE PORT ORANGE FLORIDA 32127

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL D. LAWLER
4714 HALIFAX DRIVE PORT ORANGE FLORIDA 32127

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

M D Lawler
Signature/Registered Agent
MICHAEL D. LAWLER

REGISTERED
AGENT

10-5-04
Date

M D Lawler
Signature/Incorporator
MICHAEL D. LAWLER

INCORPORATOR

10-5-04
Date

FILED
04 OCT -6 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA