P05000014766

	1
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
· ·	
Certified Copies Certificates of Status	1
Special Instructions to Filing Officer:	
opeoid institutions of thing officer.	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	+
Office Use Only	1)
A (1	V
	1
	4
1/28/	
()1/28/	



500043732425

01/10/05--01014--014 **87.50

SECRETARY OF STATE ALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT:	ammenity H			
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCLU</u>	DE SUFFIX)	
Enclosed are an original	inal and one (1) copy of the artic	cles 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 CO	PY REQUIRED	
FROM:	Carm Name (en Cek	2 RON	
3270 Type Lane				
-	Sarasa	ta Floris State & Zip	JA 34232	
-	(914) 46 Daytime Te	9-8383 elephone number	entitation to the state of the	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 12, 2005

CARMEN CERRON 3270 TYNE LANE SARASOTA, FL 34232

SUBJECT: COMMUNITY HOME SERVICES, INC.

Ref. Number: W05000001847

We have received your document for COMMUNITY HOME SERVICES, INC.. However, the document has not been filed and is being returned for the following:

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.

The document number of the name conflict is N02182.

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) 245-6934.

Loria Poole Document Specialist New Filings Section

Letter Number: 105A00002397

OS JAN 27 M 9: 0

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION S.
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME
The name of the corporation shall be:
ARTICLE I NAME The name of the corporation shall be: Community Home Services.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:
ARTICLE III PURPOSE STICKNEY POINT Rd
ARTICLE III PURPOSE The purpose for which the corporation is organized is:
Any and all Lowful Business.
ARTICLE IV SHARES
The number of shares of stock is:
ℓ
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):
ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
- 3270 Tune Lane
Jorge Cerron 3270 type Lane Jorge Cerron Sorosota FLowdo 34236
The name and address of the Incorporator is:
The <u>name and address</u> of the Incorporator is:
Carmen Cernon Scratter Florida 34232
Carmen Cernon Sarosta Florida 34237

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
fre cen 1-t-2005
Mgnature/Registered Agent Date
Jacobs 1 105
Signature/Incorporator

Signature/Incorporator