

P05000014769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

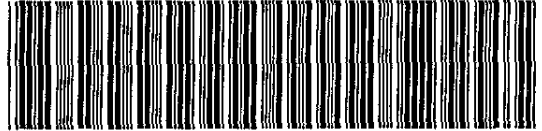
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300041839993

11/01/04--01023--008 **87.50

FILED
2005 JAN 27 P 2 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

604-40519

[Handwritten signature]
1/28/05

TRANSMITTAL LETTER

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

SUBJECT: Liberty Home 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: Sherna Anderson

Name (Printed or typed)

24 Crossing Cir Apt F

Address

Boynton Beach, FL 33435

City, State & Zip

954-494-8163

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 15, 2004

SHERNA ANDERSON
24 CROSSING CIR APT F
BOYNTON BEACH, FL 33435

SUBJECT: LIBERTY HEALTH CARE INCORPORATED
Ref. Number: W04000040519

We have received your document for LIBERTY HEALTH CARE INCORPORATED. 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 P14859.

An effective date may be added to the Articles of Incorporation **if a 2005 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

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: 804A00069946

Memorandum

To: Loria Poole

CC: File

From: Sherna Anderson

Date: 01/22/05


Re: Proposed Name Change (Liberty Health Care Incorporated)

Ref. Number: W04000040519

Dear Ms. Poole,

Have attached the proposed name change once again, regarding the letter that you sent to me Nov. 4, 2004. Please review all the documentation and forms to ensure that proper processing can take place. If you have any questions regarding this information please contact as soon as possible.

Proposed Name Change: ANDERSON & CLARKE HOME HEALTH CARE



Sherna Anderson

Articles of Incorporation

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

FIRST

The name of the corporation is: **Anderson and Clarke Home Health Care, Inc**

SECOND

The period of its duration is Indefinite.

THIRD

The purpose of the corporation is: **Home Health Aid**

FOURTH

The aggregate number of authorized shares is 200 shares Par-Value \$5.00

FIFTH

The corporation will not commence business until at least One Thousand (\$1,000.) Dollars have been received by it as consideration for the issuance of Shares.

SIXTH

Cumulative Voting of shares of stock are authorized.

SEVENTH

Provisions Limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are: Approved by both the Stockholders and Board of Directors.

EIGHT

Provisions for regulating the internal affairs of the corporation are The Managing Partners (Corporate Officers) will be responsible for all day-to-day operation.

FILED
2005 JAN 27 P 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NINTH

The address of the initial registered office of the corporation is :
24 Crossing Cir Apt F, Boynton Beach, FL 33435
and the name of it's initial registered agent at such address is:
Sherna Andrson

TENTH

Address of the principal place of business is:
24 Crossing Cir Apt F, Boynton Beach, FL 33435

ELEVENTH

The number of directors constituting the initial board of directors of the corporation is **TWO**, and the names and address of the persons who are to serve as directors until the first annual meeting of the Shareholders or until their successors are elected and shall qualify are:

<u>NAME</u>	<u>ADDRESS</u>
* Sherna Anderson	24 Crossing Cir Apt F, Boynton Beach, FL 33435
** Mark Clarke	24 Crossing Cir Apt F, Boynton Beach, FL 33435

TWELFTH

The name and address of each incorporator is:

<u>NAME</u>	<u>ADDRESS</u>
* Sherna Anderson	24 Crossing Cir Apt F, Boynton Beach, FL 33435
** Mark Clarke	24 Crossing Cir Apt F, Boynton Beach, FL 33435

Date: 10/13/04


Sherna Anderson, Incorporator

Having been named as Registered Agent and to accept services of process for the stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and Agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, my position as Registered Agent.


Sherna Anderson, Registered Agent

FILED
2005 JAN 27 P 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA