

POS0000 25/38

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

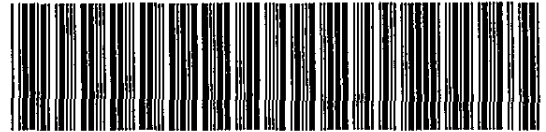
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/17/05--01003--025 **87.50

RECEIVED
05 FEB 17 AM 8:27
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
05 FEB 17 PM 2:04
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

V. Ingram

TRANSMITTAL LETTER

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

SUBJECT: Agape Health CARE Agency INC
(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

ADDITIONAL COPY REQUIRED

FROM:

Yumico Smith
Name (Printed or typed)

570 Deenwood Circle
Address

Pinney 21 32352
City, State & Zip

850-627-6507
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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

Agape ~~Hide Away~~ CARE Agency Inc.
Health

05 FEB 17 PM 2:04

CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

570 DeerWood Circle
Quincy, FL 32352

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Home Community Basic medicaid Waiver Service
to eligible recipients, under medicaid waiver program in State
Of FL.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Yunico Smith / President, Treasury + Secretary
570 DeerWood Circle Quincy, FL 32352

ARTICLE VI REGISTERED AGENT

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

Yunico Smith
570 DeerWood Circle Quincy, FL 32352

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Yunico Smith
570 DeerWood Circle Quincy, FL 32352

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

Yunico Smith
Signature/Registered Agent

02/15/05
Date

Yunico Smith
Signature/Incorporator

02/15/05
Date