

POS0000044377

(Requestor's Name)

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(City/State/Zip/Phone #)

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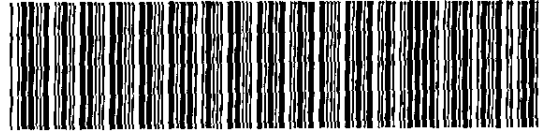
(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE, FLORIDA

03/17/05--01063--002 **78.75

3/24/05
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TRANSMITTAL LETTER

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

SUBJECT: Personal Touch Non-Medical Homecare, 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: Lyuba Moldavskiy
Name (Printed or typed)
10164 Arrowhead DR
Address
Jacksonville, FL 32257
City, State & Zip
(904) 2607884
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:

Personal Touch Non-Medical Homecare, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10164 Arrowhead Dr, Jacksonville, FL. 32257

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide in-home services; care taking, assist w/ chores,
etc

ARTICLE IV SHARES

The number of shares of stock is:

100 Simple stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Lyuba Moldavskiy; Director

ARTICLE VI REGISTERED AGENT

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

Marina Moldavskiy; 208 NW 36th St.
Gainesville, FL. 32607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lyuba Moldavskiy; 10164 Arrowhead Dr
Jacksonville, FL. 32257

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

* Marina Moldavskiy
A Signature/Registered Agent

3-14-05
Date

* L Moldavskiy
B Signature/Incorporator

3-14-05
Date