

P05000058918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

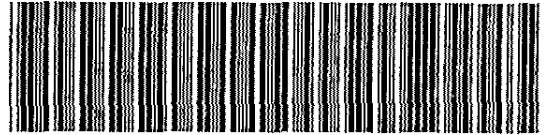
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CLERK OF STATE
TALLAHASSEE, FLORIDA

4/21/18 ✓

TRANSMITTAL LETTER

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

SUBJECT: COMFORT CARE FAMILY HOME, 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: MARCIA BARNETT
Name (Printed or typed)

108 BANYAN LANE
Address

ROYAL PALM BEACH, FLORIDA 33411
City, State & Zip

(561) 333-6666
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:

COMFORT CARE FAMILY HOME, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

108 BANYAN LANE
ROYAL PALM BEACH, FL 33411

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Adult Family Care Service

ARTICLE IV SHARES

The number of shares of stock is:

500 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARCIA BARNETT - PRESIDENT
108 BANYAN LANE
ROYAL PALM BEACH, FL 33411

SHAVASHA BARNETT - VICE PRESIDENT
108 BANYAN LANE
ROYAL PALM BEACH, FL 33411

ARTICLE VI REGISTERED AGENT

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


MARCIA BARNETT
108 BANYAN LANE
ROYAL PALM BEACH, FL 33411

ARTICLE VII INCORPORATOR

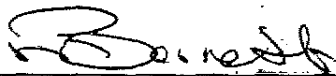
The name and address of the Incorporator is:

MARCIA BARNETT
108 BANYAN LANE
ROYAL PALM BEACH, FL 33411

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


Signature/Registered Agent

04-10-05
Date


Signature/Incorporator

04-10-05
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA