

P05000064609

LOVINA E. SOLOMON
(Name of Person)

NEVIE'S CARING HANDS
(Name of Firm/Company)

2182 LAKE MARION DR.
(Address)

APOKA FLA. 33712
(City/State and Zip Code)

☐ PICK-UP

☐ WAIT

☐ MAIL

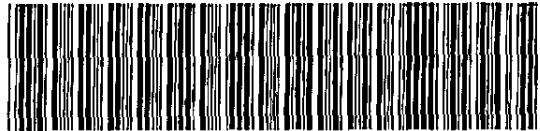
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

65 MAR 10 10 00 AM '05

February 17, 2005

LOVINA E. SOLOMON
2182 LAKE MARION DR.
APOPKA, FL 32712

SUBJECT: NEVIE'S CARING HANDS, INC
Ref. Number: W05000008527

We have received your document for NEVIE'S CARING HANDS, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

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) 245-6965.

Dorine Martin
Document Specialist
New Filings Section

Letter Number: 405A00011485



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

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05 MAY -3 PM 4:00

March 21, 2005

LOVINA E. SOLOMON
2182 LAKE MARION DR.
APOPKA, FL 32712

SUBJECT: NEVIE'S CARING HANDS, INC
Ref. Number: W05000008527

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Dorine Martin
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New Filings Section

Letter Number: 405A00011485

ARTICLES OF INCORPORATION
OF
NEVIE'S CARING HANDS, INC
A FLORIDA CORPORATION

FILED
05 APR 29 AM 8:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersign, acting as the incorporation, hereby adopts the following Articles of the Incorporation as registered with the State of Florida.

ARTICLE I: NAME

The name of the corporation shall be: NEVIE'S CARING HANDS, INC, hereinafter referred to as the "Corporation".

ARTICLE II: PRINCIPLE OFFICE AND MAILING ADDRESS

The address of the principle office and the mailing address of the Corporation is 2182 Lake Marion Dr, Apopka, Florida 32712.

ARTICLE III: DURATION

The period of duration of the Corporation shall be perpetual unless dissolved according to law. The Corporation is for-profit, and currently has two (2) shares.

ARTICLE IV: PURPOSES

The corporation has been organized to transact business as a Skilled Nursing Service, Supported Independent Living, Supported Employment, and Human Related Services and all other lawful business for which corporations may be incorporated in this state.

ARTICLE V: BOARD OF DIRECTORS

The Board of Directors shall consist of three (3) persons. The number of directors may be increased from time to time by amendment to the laws; however, there shall never be less than the (3) directors. All directors shall be selected as provided for in the bylaws.

ARTICLE VI: REGISTERED OFFICE AND AGENT

The Corporation's registered office shall be located at 2182 Lake Marion Dr, Apopka, Florida 32712. Lovina Solomon is the registered agent of the Corporation at the address.

ARTICLE VII: OFFICERS

The officers of the corporation shall be a President, a Vice President, a Secretary, a Treasurer, and such officers as maybe provided by the law.

ARTICLE VIII: AMENDMENTS

Theses Articles of the Incorporation may be amended at any regular or special meetings of the Board of Directors by a majority vote of those present; provided that notice of the intention to submit amendments shall have been given as provided by the bylaws.

ARTICLE IX: INCORPORATION

The incorporator of the Corporation is as follow:

Lovina Solomon
2182 Lake Marion Dr.
Apopka, Florida 32712
(407) 252-4297

In witness thereof, the undersign incorporation has executed these Articles of Incorporation this 15th day of March, 2005.

Nichole Harris
Witness

Lovina Solomon
Incorporator

STATE OF FLORIDA)

COUNTY OF ORANGE)

On 15 day of March, 2005 the above person appeared before me, a notary public and who is personally known to me or have produced a Florida Driver's License as identification.



John Garrett
My Commission DD398181
Expires November 06, 2008

NOTARY PUBLIC

SIGN:

PRINT:

John Garrett
John Garrett

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENTS UPON
WHOM PROCESS MAY BE SERVED

Consent of Appointment of Registered Agents.

I, Lovina Solomon, hereby give my consent to serve as the registered agent for NEVIE'S
CARING HANDS, INC.

- Acceptance of Agents-

ACKNOWLEDGEMENT:

Having been named to accept service of process for the stated corporation, at the place
designed in this certificate, I hereby accept to act in this capacity, and agree to comply
with the provisions of said Act relative to keeping open said office.

BY:

Lovina Solomon
LOVINA SOLOMON

DATED:

March 15th, 2005.

FILED

05 APR 29 AM 8:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA