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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

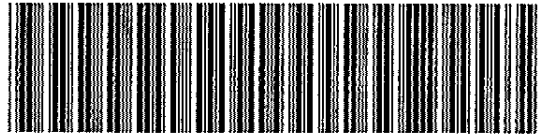
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FILED
05 MAY 12 AM 10:25
U.S. DIST. CT. E.D. CALIF.

TRANSMITTAL LETTER

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

SUBJECT: Alisa Womble Home Health Care Inc

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

☐ \$122.50
Filing Fee
& Certificate Copy

☐ \$133.25
Filing Fee,
Certificate Copy &
Certificate

FROM:
Alisa Womble
366 SW Bridgeport Drive
Port St Lucie, FL 34953

NOTE: Please provide the original and (1) copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be: **Alisa Womble Home Health Care Inc**

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

c/o Alisa Womble
366 SW Bridgeport Drive
Port St Lucie, FL 34953

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares. The Par Value of each share of stock is \$1.

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Alisa Womble
366 SW Bridgeport Drive
Port St Lucie, FL 34953

ARTICLE V - INCORPORATOR(S)

The name and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Alisa Womble
366 SW Bridgeport Drive
Port St Lucie, FL 34953

ARTICLE VI INITIAL BOARD OF DIRECTORS

The Board of Directors shall consist of one or more members. The names and addresses of the initial Board of Directors is:

Alisa Womble
366 SW Bridgeport Drive
Port St Lucie, FL 34953

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

ARTICLE VII

NATURE OF THE BUSINESS

The nature of the business and the objectives and purposes to be transacted, promoted and carried on are to do any and all of the acts herein mentioned as fully and to the same extent as natural persons could or might do, and in any part of the world is.:

1. To engage in a business (home health care services) for the purpose of engaging in any lawful act or activity for which corporations may be organized under the General Corporation laws of the State of Florida.

ARTICLE VIII - SMALL BUSINESS CORPORATION

The corporation elects to be treated as a small business corporation under section 1244 of the Internal Revenue Service Code.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 14 day of April 2005.


Signature

ARTICLES OF INCORPORATION FILING FEE - \$35.00

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Alisa Womble Home Health Care Inc.**
2. The name and address of the registered agent and office is:

Alisa Womble
366 SW Bridgeport Drive
Port St Lucie, FL 34953

Having been named as registered agent and to accept service of process for the above 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, and I am familiar with and accept the obligations of my position as registered agent.

Alisa Womble
Signature

4/14/05
Date

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05 MAY 12 AM 10:25
TALLAHASSEE, FLORIDA