

PO5000074083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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05 MAY 20 AM 9:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Hampton MAY 23 2005

## TRANSMITTAL LETTER

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

SUBJECT: Blessings Abound, Incorporated

(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: Nancy Jean Zutell

Name (Printed or typed)

17864 Jamestown Way Apartment A

Address

Lutz, FL 33558

City, State & Zip

813-968-6789

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:

Blessings Abound, Incorporated

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

17864 Jamestown Way  
Apartment A  
Lutz, FL 33558

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide compassionate, certified nursing care to those individuals in need.

### ARTICLE IV SHARES

The number of shares of stock is:

10

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

N/A

### ARTICLE VI REGISTERED AGENT

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

Thomas Raymond Zutell  
501 Blairstone Road  
Apartment 1724  
Tallahassee, FL 32301

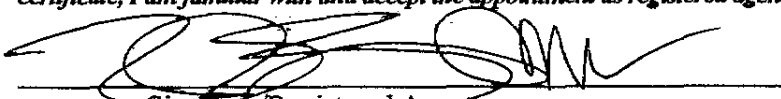
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nancy Jean Zutell  
17864 Jamestown Way Apartment A  
Lutz, FL 33558

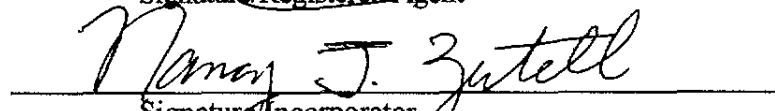
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

05 / 01 / 2005

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

05 / 01 / 2005

\_\_\_\_\_  
Date

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05 MAY 20 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA