

POS000078374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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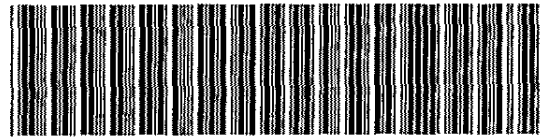
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 31 PM 3:47

W05-24450

B. McKnight MAY 31 2005

TRANSMITTAL LETTER

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

SUBJECT: Clersaint Home Care Services, 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

Check-

FROM: Jeannette Clersaint
Name (Printed or typed)

6624 SWyear Court
Address

Orlando, FL 32810
City, State & Zip

321-287-6749
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 13, 2005

JEANNETTE CLERSAINT
6624 SWYEAR COURT
ORLANDO, FL 32810

SUBJECT: CLERSAINT HOME CARE SERVICES, INC
Ref. Number: W05000024450

We have received your document for CLERSAINT HOME CARE SERVICES, 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 document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please complete article VI.,

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) 245-6931.

Becky McKnight
Document Specialist
New Filings Section

Letter Number: 205A00034702

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Clersaint Home Care Services, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

6624 Swyear Court
Orlando, FL 32818

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for this Corporation is to provide home care services to people with development disabilities such as companion, personal care assistance, chore, NRS, Supported living, etc.

ARTICLE IV SHARES

The number of shares of stock is:

1000 Shares @ \$1.00 per share
Jeannette Clersaint 1000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jeannette Clersaint- Director/President
6624 Swyear Court
Orlando, FL 32818

ARTICLE VI REGISTERED AGENT

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

Jeannette Clersaint
6624 Swyear Ct
Orlando, FL 32818

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jeannette Clersaint
6624 Swyear Court
Orlando, FL 32818

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

Jeannette Clersaint
Signature/Registered Agent

5/25/05
Date

Jeannette Clersaint
Signature/Incorporator

4/7/05
Date

FILED
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DIVISION OF CORPORATIONS
05 MAY 31 PM 3:47