

P05000086167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

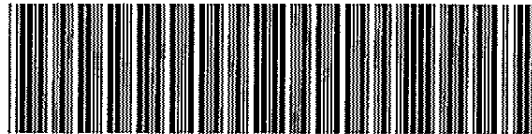
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7 Burch JUN 15 2005

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## TRANSMITTAL LETTER

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

**SUBJECT:** Tri-State Homemakers and Companion 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**

**FROM:** Larnieve O.Uter

Name (Printed or typed)

5265 N. W. 73 Way

Address

LAUDERHILL, FLORIDA 33319

City, State & Zip

954-749-3883

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:

Tri-State Homemakers and Companion Services, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4444 Inerrary Boulevard  
Fort Lauderdale, Florida 33319

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Provide Homemakers and Companion Services

## ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Larnieve O. Uter, President  
5265 N. W. 73rd Way  
Lauderhill, Florida 33319

## ARTICLE VI REGISTERED AGENT

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

Larnieve O. Uter  
5265 N. W. 73rd Way  
Lauderhill, Florida 33319

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Larnieve O. Uter  
5265 N. W. 73 rd. Way  
Lauderhill, Florida 33319

\*\*\*\*\*

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

6-13-05  
\_\_\_\_\_  
Date

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

6-13-05  
\_\_\_\_\_  
Date

FILED  
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SECRETARY OF STATE  
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