

P05000096312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

OK to add, INC.
Per Rose.
7/8/05

Office Use Only



600056096436

FILED
05 JUL -8 PM 1:15
SEC. OF STATE, FLORIDA
TALLAHASSEE, FLORIDA

06/27/05--01043--019 **78.75

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400531017
SK

TRANSMITTAL LETTER

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

SUBJECT: Heart of love Home Care^{INC} - Rose white
(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: Rose white
Name (Printed or typed)

6299 W Sunrise Blvd suit 221
Address

Sunrise FL 33313
City, State & Zip

(954) 709-3003
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 27, 2005

ROSE WHITE
6299 W SUNRISE BLVD SUITE 221
SUNRISE, FL 33313

SUBJECT: HEART OF LOVE HOME CARE
Ref. Number: W05000031317

We have received your document for HEART OF LOVE HOME CARE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please complete the principle address with the city and state.,

The document must state the number of shares of authorized stock.

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) 245-6955.

Suzanne Hawkes
Document Specialist
New Filings Section

Letter Number: 605A00043472

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:

Hart of Love Home Care, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6299 W. Sunrise Blvd
Suite 221 FL 33313

ARTICLE III PURPOSE Sunrise Florida

The purpose for which the corporation is organized is:

Giving care to the disable, sick
and elderly

ARTICLE IV SHARES

The number of shares of stock is:

One (1).

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Christine Brown
1316 Avon Lane
North Lauderdale
Florida 33068

ARTICLE VI REGISTERED AGENT

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

Rose White 3790 NW 27th Street
Lauderdale Lakes Florida 33311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rose White 3790 NW 27th Street
Lauderdale Lakes Florida 33311

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

R White

Signature/Registered Agent

7-7-05

Date

R White

Signature/Incorporator

7-7-05

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUL -8 PM 1:15

FILED