P05000114090

(Requestor's Name)				
(Address)				
(cannot y				
(Address)				
(City/State/Zip/Phone #)				
(Oity/Olate/Elp/r Holle #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(business Entity Name)				
(Document Number)				
0.15.10.1				
Certified Copies Certificates of Status				
Consideration to Filling Officers				
Special Instructions to Filing Officer:				

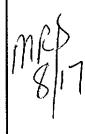
Office Use Only



500058512955

118/17/115--11110/6--1108 **87.50

SECRETARY OF SIAISTALLAHASSFE, FLORIDA



TRANSMITTAL LETTER

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

SUBJECT:				
_	(PROPOSED CORPORA)	FE NAME – <u>MUST INCL</u>	UDE 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: HELENE E. WILLIAMS Name (Printed or typed) 15395 CHANDELLE PL				
Address WELLINGTON FL 33414 City, State & Zip (561) 333-4640 or (561) 714-3053 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)

TALLAHASSEE, FLORIDA 05 AUG 17 PH 12: 14

ARTICLE I NAME

The name of the corporation shall be:

WILL CARE OF FLOWER INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

15395 CHANDELLE PL WELLINGTON, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BOTHNISTER HOME HEALTH CARE

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ADJENE E. WILLIAMS - PLESIDENT

LEIGHTON R. WILLIAMS - DIRECTOR

PAULO HEW-BALLEY - DIRECTOR

ARTICLE VI REGISTERED AGENT

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

ALLENE E. WILLIAMS 15595 CHANDELLE PL.

WELLINGTON, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ARCENE E. WILLIAMS 15595 CHANDELLE PL. WELLINGTON, FL 33414

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/Incorporator

Signature/Incorporator

Signature/Incorporator

Signature/Incorporator

Signature/Incorporator