

Pass 00124472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

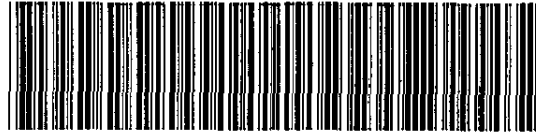
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100058994211

09/09/05--01050--002 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 SEP -9 P 3:00

FILED

58-21-6  
21

**TRANSMITTAL LETTER**

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

SUBJECT: Jean-Baptiste Agency for 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**

FROM: Jacqueline and Ericot Jean-Baptiste  
Name (Printed or typed)

6170 Rhythm Circle  
Address

Orlando, FL 32808  
City, State & Zip

407 421-6778 or 407 276-6990  
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)

**FILED**  
2005 SEP -9 P 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Jean-Baptiste Agency  
for Home Care Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

6170 Rhythm Circle  
Orlando, FL 32808

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose for this corporation is to provide home care services for people w/ developmental disabilities such as companionship, personal care assistance, chore, in-home supports and respite care.

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000 Shares @ \$1.00 Per share  
Jacqueline Jean-Baptiste 300 Shares Ericot Jean-Baptiste 500 Shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Jacqueline and Ericot Jean-Baptiste  
↓ President/owner ↓ Vice president/coowner

6170 Rhythm circle  
Orlando, FL 32808

**ARTICLE VI REGISTERED AGENT**

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

Jacqueline Jean-Baptiste

6170 Rhythm circle  
Orlando, FL 32808

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Jacqueline Jean-Baptiste

6170 Rhythm circle  
Orlando, FL 32808

\*\*\*\*\*  
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 / *Jacqueline* President 9/3/05  
Date  
\* *JTB* Vice President / *Jacqueline* President 9/3/05  
Signature/Incorporator Date