

PC5800131267

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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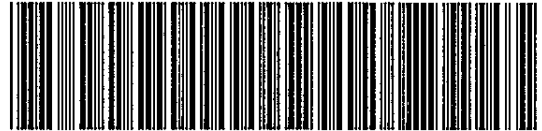
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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9-27-05

COVER LETTER

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

SUBJECT: HOSANNA HOMECARE 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: MARIE MAUD MORIN
Name (Printed or typed)

14855 SW 39 CT
Address

MIRAMAR FL 33027
City, State & Zip

305 766 2620
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: *HOSANNA HOMECARE SERVICES, INC.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *160 NW 176 Street # 202
MIAMI, FL 33169*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *Provide Homecare services (AS
COMPANION, HOME MAKER) TO THE COMMUNITY.*

ARTICLE IV SHARES

The number of shares of stock is: *2*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*MARIE MAUD MORIN.
JACKSON AUGUSTIN*

ARTICLE VI REGISTERED AGENT

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

*MARIE M. MORIN
14855 SW 39 CT
MIRAMAR, FL 33027*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*JACKSON AUGUSTIN
9491 Palm Circle South Apt 208
Pembroke Pines, FL 33025*

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]

Signature/Registered Agent
[Signature]

Signature/Incorporator

9-14-05

Date
9-14-05

Date

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TALLAHASSEE, FLORIDA