

P05000131350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*[Handwritten mark]*

**COVER LETTER**

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

SUBJECT: MARY'S HEALTHCARE AGENCY, Incorporated  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: Mary H. Bascom  
Name (Printed or typed)

1071 Wynn Drive  
Address

Chipley, Florida 32428  
City, State & Zip

(850) 638-2343  
Daytime Telephone number

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

ARTICLES OF INCORPORATION

FOR

MARY'S HEALTHCARE AGENCY, INCORPORATED

In compliance with Chapter 607 and/ or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of this corporation shall be

MARY'S HEALTHCARE AGENCY, Incorporated

ARTICLE II PRINCIPAL OFFICE/MAILING ADDRESS

The principal place of business is 1071 Wynn Drive, Chipley,  
Florida 32428. Washington County.

ARTICLE III PURPOSE

The purpose of this corporation is to provide health care services for the elderly. The range of services provided will extend from companion services, personal care, basic assisted living skills and sitter services.

ARTICLE IV SHARES OF STOCK

This corporation has 1500 shares of stock invested in the corporation.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE V Name/Address of Director/Officer

Mary H. Bascom - President  
1071 Wynn Drive  
Chipley, Florida 32428

Jean Holmes - Secretary  
4192 Rosewood Road  
Marianna, Florida 32446

ARTICLE VI Registered Agent

Mary H. Bascom  
1071 Wynn Drive  
Chipley, Florida 32428

ARTICLE VII Incorporator

Mary H. Bascom  
1071 Wynn Drive  
Chipley, Florida 32428

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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/ Incorporator

  
\_\_\_\_\_  
Date