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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: Excelsior Home Healthcare 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: Danielle L. Jackson

Name (Printed or typed)

905 Redwood street

Address

Daytona Beach, Fl. 32117

City, State & Zip

386-547-3559

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:

Excelsior Home HealthCare, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

119 S. Palmetto Avenue Suite 173

Daytona Beach, FL. 32117

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide supplemental staffing services to local area healthcare facilities

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

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

Danielle L. Jackson, CEO, 905 Redwood street, Daytona Beach, FL. 32117

**ARTICLE VI REGISTERED AGENT**

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

Danielle L. Jackson 905 Redwood street, Daytona Beach, FL. 32117

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Danielle L. Jackson 905 Redwood street, Daytona Beach, FL. 32117

\*\*\*\*\*  
*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*

*Danielle L. Jackson*  
Signature/Registered Agent

10-11-05  
Date

*Danielle L. Jackson*  
Signature/Incorporator

10-11-05  
Date

2005 OCT 18 A 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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