

P05000165959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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505-135
W05-53889



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12/05/05 - 00009 - 011 **78.75

2005 DEC 22 AM 9:45
MAIL ROOM
TALLAHASSEE FLORIDA

12/23/05

TRANSMITTAL LETTER

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

2005 DEC 22 AM 9:46

STATE
TALLAHASSEE FLORIDA

SUBJECT: _____

(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 of
Status

ADDITIONAL COPY REQUIRED

FROM: _____

Name (Printed or typed)

YVONNE MANNINGS
4095 Sierra Terrace

Address

Sunrise FL 33351

City, State & Zip

954-839 7642

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2005 DEC 22 AM 9:46

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

December 6, 2005

YVONNE MANNINGS
4095 SIERRA TERRANCE
SUNRISE, FL 33351

SUBJECT: ANGEL TOUCH ADULT CARE HEALING HOUSE
Ref. Number: W05000053889

We have received your document for ANGEL TOUCH ADULT CARE HEALING HOUSE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

An effective date may be added to the Articles of Incorporation if a 2006 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

Letter Number: 505A00070652

EFFECTIVE DATE

ARTICLES OF INCORPORATION

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

03/20/06

ARTICLE I NAME

The name of the corporation shall be:

Angel Touch Adultcare Healing House Inc.

2005 DEC 22 AM 9:46

STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4095 Sierra Terrace
Sunrise, Florida 33351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Caring for the elderly

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

PST - Yvonne Mannings
4095 Sierra Terrace
Sunrise, Florida 33351

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Yvonne Mannings
4095 Sierra Terrace
Sunrise, Florida 33351

ARTICLE VIII EFFECTIVE DATE

March 20, 2006

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Yvonne Mannings
4095 Sierra Terrace
Sunrise, Florida 33351

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

Yvonne Mannings
Signature/Registered Agent

12/17/05
Date

Yvonne Mannings
Signature/Incorporator

12/17/05
Date