

P06000039268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

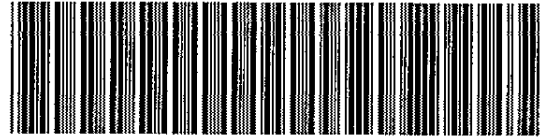
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500066695975

02/28/06 --01003--021 **87.50

FILED

2006 Mar 16 P 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-17-06
MCC

COVER LETTER

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

SUBJECT: A - Plus Home Health Care, 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:

Delois Shipp
Name (Printed or typed)

8942 6th Ave
Address

Jax. 41. 32208
City, State & Zip

904-766-1850
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2006

DELOIS SHIPP
8942 6TH AVE.
JACKSONVILLE, FL 32208

SUBJECT: A-PLUS HOME HEALTH CARE, INC.
Ref. Number: W06000009909

We have received your document for A-PLUS HOME HEALTH CARE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6995.

Wanda Cunningham
Document Specialist
New Filing Section

Letter Number: 806A00014175

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:

A & O Home Health Agency Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8942 6th Ave
Jax. 41. 32208

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Home Health Agency

ARTICLE IV SHARES

The number of shares of stock is:

3

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Sabrina Shipp - 769 Gardenia Ln. Jax. 41. 32208 Admin's
Twilla Shipp - 8942 6th Ave - Jax. 41. 32208 Alt. Admin
Clyde Shipp - 769 Gardenia Ln. Jax. 41. 32208 Secretary

ARTICLE VI REGISTERED AGENT

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

DeLois Shipp
8942 6th Ave
Jax. 41. 32208

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DeLois Shipp
8942 6th Ave
Jax. 41. 32208

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

2-22-06
Date


Signature/Incorporator

2-22-06
Date

FILED
2006 Mar 16 P 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA