

PO6000094855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

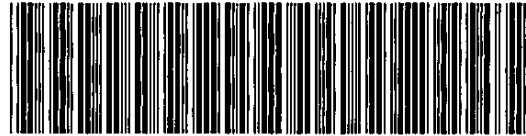
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/17/06--01053--004 **78.75

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06 JUL 17 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Da

COVER LETTER

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

SUBJECT: Companion Help for Seniors 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: Mark Zahedi
Name (Printed or typed)

P. O. Box 998
Address

Palm Beach, FL 33480
City, State & Zip

561- 478- 0199
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:

Companion Help for Seniors Inc.,

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P. O. Box 998
Palm Beach, FL 33480

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Seniors help services (non-medical)

ARTICLE IV SHARES

The number of shares of stock is:

100.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Mark Zahedi
P. O. Box 998
Palm Beach, FL 33480

ARTICLE VI REGISTERED AGENT

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

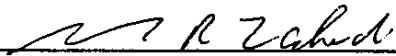
Mark Zahedi
480 Executive Center Drive # 4-I
West Palm Beach, FL 33401

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mark Zahedi
P. O. Box 998
Palm Beach, FL 33480

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

7/14/06

Date



Signature/Incorporator

7/14/06

Date

FILED
06 JUL 17 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA