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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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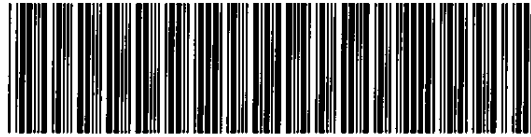
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2006 JUL 26 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6 Burch JUL 27 2006

COVER LETTER

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

SUBJECT: Compassionate Home Care of the Treasure Coast, 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:

Boyize Herring

Name (Printed or typed)

2440 S. Federal Hwy Ste X

Address

Stuart, FL 34994

City, State & Zip

772-286-3342

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:

Compassionate Home Care of the Treasure Coast, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2440 S. Federal Hwy Ste X
Stuart, Fl. 34994

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Boyize Herring, Jr. - President

ARTICLE VI REGISTERED AGENT

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

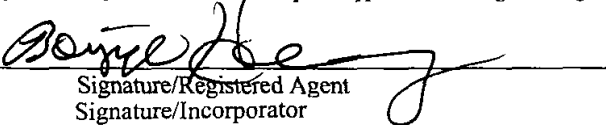
Boyize Herring, Jr.
2440 S. Federal Hwy Ste X
Stuart, Fl. 34994

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Boyize Herring, Jr.
2440 S. Federal Hwy Ste X
Stuart, Fl. 34994

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
Signature/Incorporator


Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA