

P06000123957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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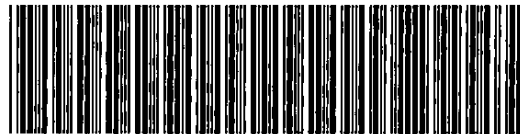
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch SEP 27 2006

COVER LETTER

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

SUBJECT: Home Pro-care Services 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: CATHERINE PETERS
Name (Printed or typed)

23090 S.W. 56th Ave.
Address

BOCA RATON, Florida 33433
City, State & Zip

561 289-2291
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: Home Pro-Care Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 23090 S.W. 56th Ave.
BOCA RATON, FL. 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

House cleaning/House Pet sitting Service

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CATHERINE PETERS/President
23090 S.W. 56th Ave.
BOCA RATON, FL. 33433

ARTICLE VI REGISTERED AGENT

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

CATHERINE PETERS
23090 S.W. 56th Ave.
BOCA RATON, FL. 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CATHERINE PETERS
23090 S.W. 56th Ave
BOCA RATON, FL. 33433

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]
Signature/Registered Agent

9/18/06
Date

[Signature]
Signature/Incorporator

9/18/06
Date

FILED

2006 SEP 26 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA