

PO6000139900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

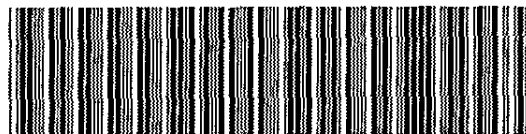
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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400079667954

09/18/06--01021--007 **78.75

FILED

SEP 18 2006

STATE OF TEXAS

Pa

COVER LETTER

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

SUBJECT: Advocate Home 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: Nicole McKenney
Name (Printed or typed)

950 S. Pine Island Road - Suite A-150
Address

Plantation, FL 33324
City, State & Zip

610 883-3888
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2006

NICOLE MCKENNEY
950 S. PINE ISLAND ROAD
SUITE A-150
PLANTATION, FL 33324

SUBJECT: ADVOCATE HOME CARE SERVICES, INC.
Ref. Number: W06000040979

We have received your document for ADVOCATE HOME CARE SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock.

Please return 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 850-245-6052.

Paisley A Alford
New Filing Section
Division of Corporations

Letter Number: 706A00055951

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:

Advocate Home Care Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

950 South Pine Island Road - Suite A-150
Plantation, FL 33324

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide non-skilled home care services
to primary seniors

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Nicole McKenney - President
946 Tulip Circle
Weston, FL 33328

ARTICLE VI REGISTERED AGENT

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

Nicole McKenney
950 South Pine Island Rd - Suite A-150
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nicole McKenney
946 Tulip Circle
Weston, FL 33324

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

Nicole McKenney

Signature/Registered Agent

Nicole McKenney

Signature/Incorporator

9-13-00

Date

9-13-00

Date

FILED
06 OCT 30 PM 1:11
CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA