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## **COVER LETTER**

Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314 Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$87.50 \$70.00 \$78.75 \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, Certified Copy & Certificate of Status & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Name (Printed or typed)

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:  ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  I O NW White OAK GIEN  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Home HEALTH CARE	OS NOV 27 AM II: 07 JUNG JARY OF STATE JALLAHASSEE, FLORIDA
ARTICLE IV SHARES  The number of shares of stock is:  [OO Shares  ARTICLE V INITIAL OFFICERS AND/OR DIRECTO List name(s), address(es) and specific title(s):  Amanda L. Houston Pres  Adam Houston Scoty	DRS  TRES — 110NW White DAK GIEN  LAKE CITY F1 32055  — 110 N.W White DAK GIEN  LAKE CITY FL 32055  LAKE CITY FL 32055
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable)  AMANDA L. HOUSTON  10 NW White OAK GIEN  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  AMANDA L. HOUSTON  110 NW White OAK GIEN  LAKE City FL 32055	
Having been named as registered agent to accept service of process for the above certificate, I am familiar with and accept the appointment as registered agent and Signature/Registered Agent  Signature/Incorporator	