

P07000039936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

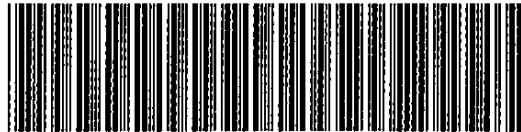
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/29/07--01023--010 **78.75

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2007 MAR 29 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: ADCON Home Care 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: ADCON Home Care Inc

Name (Printed or typed)

1439 SE 15th Street

Address

Cape Coral, FL 33990

City, State & Zip

239-574-1425

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:

ADCON Home Care Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1439 SE 15th Street, Cape Coral, FL 33990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Provide In Home Health Care Services

ARTICLE IV SHARES

The number of shares of stock is:

One Hundred

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Estela Oria 1439 SE 15th Street, Cape Coral, FL 33990 President

Conrad Oria 1439 SE 15th Street, Cape Coral, FL 33990 Vice President

ARTICLE VI REGISTERED AGENT

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

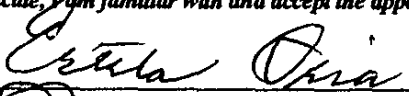
Estela Oria
1439 SE 15th Street
Cape Coral, FL 33990

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael Fronce
1727 SE 12th Terrace
Cape Coral, FL 33990

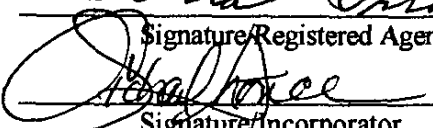
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

03/16/2007

Date



Signature/Incorporator

03/16/2007

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA