

P07000066858

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000148602 3)))



H070001486023ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 JUN -6 PM 2:25

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION

ST LUCY HOME PROVIDER SERVICES, INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help



June 6, 2007

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICES INC.

SUBJECT: ST LUCY HOME PROVIDER SERVICES, INC
REF: W07000026982

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If you have any further questions concerning your document, please call (850) 245-6955.

Suzanne Hawkes
Document Specialist
New Filing Section

FAX Aud. #: H07000148602
Letter Number: 707A00038684

P.O BOX 6327 - Tallahassee, Florida 32314

(((H07000148602)))

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:

ST Lucy Home Provider Services, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

18311 NW 19 ST Pembroke Pines, FL 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Home Health

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):

Maria C Escarpio (President) 2820 SW 101st Ave, FL 33161

*Minerva Rodriguez (Vice Presiden) 18311 NW 19 ST
Pembroke Pines, FL 33029*

ARTICLE VI REGISTERED AGENT

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

*Maria C Escarpio
18311 NW 19 ST Pembroke Pines, FL 33029*

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

*Maria C Escarpio
18311 NW 19 ST Pembroke Pines, FL 33029*

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.

Maria C Escarpio

Signature/Registered Agent/Incorporator

6/1/07

Date

2007 JUN -6 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED