

PD7000076449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

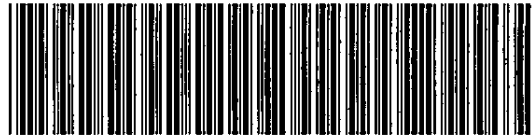
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

cf. 7-3

COVER LETTER

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

SUBJECT: KCL Home Health 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: Cleopatra Clayton
Name (Printed or typed)

7385 Woodland Creek Lane
Address

Lake Worth Florida, 33467
City, State & Zip

561-503-8812
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:

KCL Home Health Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2000 PGA Boulevard
Suite 3120
Palm Beach Gardens, FLA 33408

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Service

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Cleopatra Clayton Director
7385 Woodland Creek Lane
Lake Worth FLA, 33467

ARTICLE VI REGISTERED AGENT

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

Cleopatra Clayton
7385 Woodland Creek Lane
Lake Worth FLA, 33467

ARTICLE VII INCORPORATOR

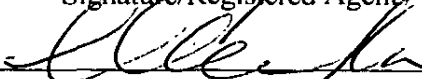
The name and address of the Incorporator is:

Cleopatra Clayton
7385 Woodland Creek Lane
Lake Worth FLA, 33467

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



Signature/Incorporator

6/29/07

Date

6/29/07

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA