

P0700087881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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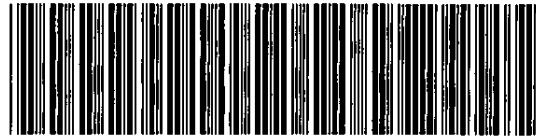
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KS

8/3/07

## COVER LETTER

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

SUBJECT: Martin G. L. Family 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: Martin G. L. Family Home Care Inc.  
Name (Printed or typed)

4766 SW 142nd Place  
Address

Ocala, FL 34473  
City, State & Zip

954-297-4594  
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:

Martin G. L. Family Home Care Inc.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

4766 SW 142nd Place, Ocala, FL 34473

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Adult Family Home Care

**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):

Guylene Louis - President - 4766 SW 142nd Place, Ocala, FL 34473

**ARTICLE VI REGISTERED AGENT**

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

Guylene Louis - 4766 SW 142nd Place, Ocala, FL 34473

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Guylene Louis - 4766 SW 142nd Place - Ocala, FL 34473

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*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*

*Guylene Louis*

Signature/Registered Agent

07/24/07

Date

*Guylene Louis*

Signature/Incorporator

Date