

P0700094327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

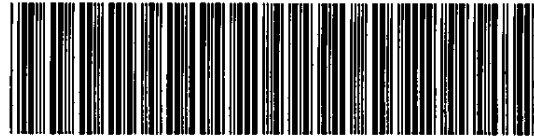
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07 AUG 22 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KS  
8/23/07

**COVER LETTER**

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

FILED  
07 AUG 22 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: Nationwide Professional Home Care 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: Wilhel Polynice  
Name (Printed or typed)

15913 SW 63 TER  
Address

Miami FL 33193  
City, State & Zip

786 499 86 45  
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:

NATIONWIDE PROFESSIONAL Home care Services INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

15913 SW 63 TER  
miami, FL 33193

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Helping seniors live independently At Home

## ARTICLE IV SHARES

The number of shares of stock is:

1

## ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS

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

Wilhel Polynice, RRT  
15913 SW 63 TER  
miami, FL 33193

## ARTICLE VI REGISTERED AGENT

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

15913 SW 63 TER  
miami, FL 33193  
Nana: Wilhel Polynice

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Wilhel Polynice  
15913 SW 63 TER  
miami, FL 33193

\*\*\*\*\*

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

8/20/07  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

8/20/07  
\_\_\_\_\_  
Date

FILED  
07 AUG 22 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA