

PD 2000/60805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

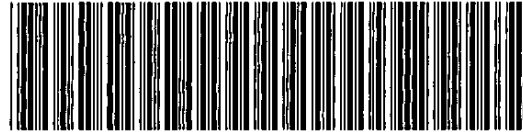
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: WRIGHT CARING HANDS, 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: WILMA J. WRIGHT-EDWARDS
Name (Printed or typed)

6306 N. IRONSIDE DR.
Address

JACKSONVILLE, FL. 32244
City, State & Zip

(904) 908-6048
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:

WRIGHT CARING HANDS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6306 N. IRONSIDE DR.
JACKSONVILLE, FL. 32244

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOME & COMMUNITY BASED SERVICES FOR PERSONS WITH DISABILITIES

ARTICLE IV SHARES

The number of shares of stock is:

1


ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

1. WILMA J. WRIGHT-EDWARDS, OWNER + PRESIDENT
6306 N. IRONSIDE DR. JACKSONVILLE, FL. 32244
2. SHAWN G. EDWARDS, VICE-PRESIDENT, SECRETARY, TREASURER
6306 N. IRONSIDE DR. JACKSONVILLE, FL. 32244

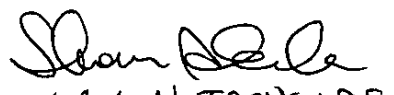
ARTICLE VI REGISTERED AGENT

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

 SHAWN G. EDWARDS
6306 N. IRONSIDE DR. JACKSONVILLE, FL. 32244

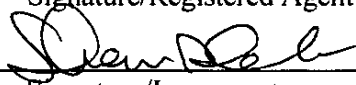
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

 SHAWN G. EDWARDS
6306 N. IRONSIDE DR. JACKSONVILLE, FL. 32244

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

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07 SEP 10 PM 12:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

8/27/07
Date

8/27/07
Date