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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

COVER LETTER

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

SUBJECT: Homeland Health Care Provider, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Micheline Scharoun

Name (Printed or typed)

2063 62nd Terrace South

Address

St. Petersburg, florida 33712

City, State & Zip

(727)433-2634

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:

Homeland Health Care Provider, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
527 16th Ave. South / 2063 62nd Terrace South

St. Petersburg, Fl. 33701 / St. Petersburg Fl. 33712

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To render home health care

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Micheline Scharoun President
2063 62nd Terrace South
St. Petersburg, Florida 33712

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ARTICLE VI REGISTERED AGENT

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

Micheline Scharoun
2063 62nd Terrace South
St. Petersburg, Fl. 33712

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Micheline Scharoun
2063 62nd Terrace South
St. Petersburg, Fl. 33712

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

Micheline Scharoun
Signature/Registered Agent
Micheline Scharoun
Signature/Incorporator

10/10/07
Date
10/10/07
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA