

PO7000118517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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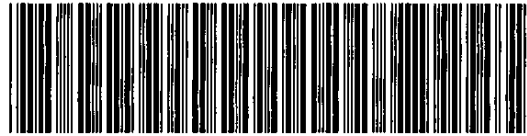
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 OCT 29 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

10/31/07

COVER LETTER

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

SUBJECT: CANON HOME HEALTHCARE, 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: SANDRA CANON

Name (Printed or typed)

2253 FLETCHERS POINT CIRCLE

Address

TAMPA, FL 33613

City, State & Zip

813-416-6596

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:

CANON HOME HEALTHCARE, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2253 FLETCHERS POINT CIR
TAMPA, FL 33613

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOMEMAKER COMPANION AND CARE SERVICES

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):

**SANDRA CANON - DIRECTOR
2253 FLETCHERS POINT CIR
TAMPA, FL 33613**

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

SANDRA CANON
2253 FLETCHERS POINT CIRLE
TAMPA, FL 33613

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SANDRA CANON
2253 FLETCHERS POINT CIRLE
TAMPA, FL 33613

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

10/25/2007

Date


Signature/Incorporator

10/25/2007

Date

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TALLAHASSEE, FLORIDA