

PD800003772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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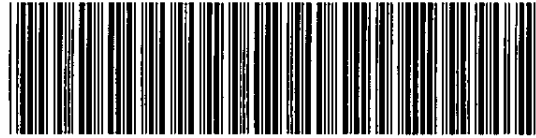
(Business Entity Name)

(Document Number)

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

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08 APR 11 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

144

## TRANSMITTAL LETTER

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

SUBJECT: Ciliberti Homecare, Incorporated

(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: Tracy Ciliberti

Name (Printed or typed)

13356 Falcon Pointe Drive

Address

Orlando, Florida 32837

City, State & Zip

(407) 947-3665

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)

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TALLAHASSEE, FLORIDA

## **ARTICLE 1      NAME**

The Name of the Corporation shall be:

**CILIBERTI HOMECARE, INCORPORATED**

## **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailing address is:

**13356 FALCON POINTE DRIVE  
ORLANDO, FLORIDA 32837**

## **ARTICLE III      PURPOSE**

The Purpose for which the corporation is organized is:

**IN HOME HEALTH CARE / ASSISTED LIVING SERVICES**

## **ARTICLE IV      SHARES**

The number of shares of stock is:

**ONE HUNDRED SHARES**

## **ARTICLE V      INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

**TRACY CILIBERTI  
13356 FALCON POINTE DRIVE  
ORLANDO, FLORIDA 32837**

## **ARTICLE VI      REGISTERED AGENT**

The name and Florida street address of the registered agent is:

**TRACY CILIBERTI  
13356 FALCON POINTE DRIVE  
ORLANDO, FLORIDA 32837**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

**TRACY CILIBERTI  
13356 FALCON POINTE DRIVE  
ORLANDO, FLORIDA 32837**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

*T. Ciliberti*

Signature / Registered Agent

*4/9/08*

Date

*T. Ciliberti*

Signature / Incorporator

*4/9/08*

Date