

P08009975040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

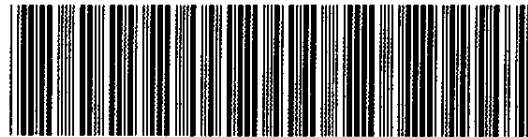
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/15/08--01034--006 **78.75

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08 AUG 12 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

fa

COVER LETTER

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

SUBJECT: SPIRIT HOME HEALTH AGENCY 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: FIVE STAR SERVICE CENTER INC.

Name (Printed or typed)

1504 42ND STREET NW

Address

WINTER HAVEN, FL 33881

City, State & Zip

(863)967-1828

Daytime Telephone number



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2008

FIVE STAR SERVICE CENTER INC.
1504 42ND STREET NW
WINTER HAVEN, FL 33881

SUBJECT: SPIRIT HOME HEALTH AGENCY INC.
Ref. Number: W08000033669

We have received your document for SPIRIT HOME HEALTH AGENCY INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Paisley A Alford
Clerk
New Filing Section

Letter Number: 908A00041682

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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08 AUG 12 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

SPIRIT HOME HEALTH AGENCY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

3012 ERNEST DRIVE
AUBURNDALE, FL 33823

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS TO ENGAGE IN ANY ACTIVITY BUSINESS PERMITTED UNDER THE LAWS OF THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:
1,500 COMMON SHARES PAR VALUE 0.01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DIRECTOR & PRESIDENT
LORNA CAMPBELL

ARTICLE VI REGISTERED AGENT

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

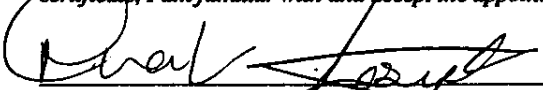
FIVE STAR SERVICE CENTER, INC
1504 42ND ST NW
WINTER HAVEN, FL 33823

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LORNA CAMPBELL
PO BOX 3815
WINTER HAVEN, FL 33885

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

7/24/08

Date



Signature/Incorporator

7/29/08

Date