

P08000087177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

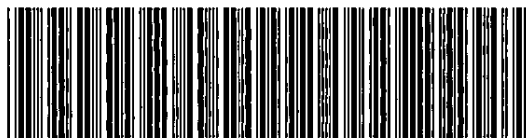
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700136098327

09/22/08 01053 010 \*\*78.75

09/22/08--01053--010 \*\*87.50

FILED

2008 SEP 22 P 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9-23-08

105

## COVER LETTER

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

SUBJECT: ENLIGHTMENT *HOME CARE PROVIDERS, Inc.*  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: IRVELINE SONTONAX  
Name (Printed or typed)

4620 SW 172ND AVENUE  
Address

FT. LAUDERDALE, FL 33186  
City, State & Zip

954-252-8656  
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:

ENLIGHTMENT HOME CARE PROVIDERS, INC

## ARTICLE II PRINCIPAL OFFICE

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

ENLIGHTMENT HOME CARE PROVIDERS, INC.  
4620 SW 172ND AVENUE  
FT. LAUDERDALE, FL 33331

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NURSE REGISTRY - HOMEMAKER & COMPANION SERVICES- EMPLOYMENT SERVICES- TRANSPORTATION-  
DURABLE MEDICAL EQUIPMENT

## ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

IRVELINE SONTHONAX - P / CEO  
4620 SW 172ND AVENUE  
FT. LAUDERDALE, FL 33331-1219

## ARTICLE VI REGISTERED AGENT

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

IRVELINE SONTHONAX  
4620 SW 172ND AVENUE  
FT. LAUDERDALE, FL 33331-1219

## ARTICLE VII INCORPORATOR

THE NAME and address of the Incorporator is:

IRVELINE SONTHONAX  
4620 SW 172ND AVENUE  
FT. LAUDERDALE, FL 33331-1219

\*\*\*\*\*

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

Irveline Sonthonax

Signature/Registered Agent

09/17/2008

Date

Irveline Sonthonax

Signature/Incorporator

09/17/2008

Date

2008 SEP 22 P 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED