

PO9000009930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

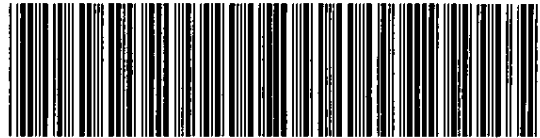
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



900138523569

01/05/09--01062--016 **78.75

09 JAN 30 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

VH

~~1000954~~

COVER LETTER

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

SUBJECT: AmeriCare, 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

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee.
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Ginny Vasilopoulos
Name (Printed or typed)

2835 Fawn Lake Blvd.
Address

Mims, FL 32754
City, State & Zip

(321) 422-5004
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2009

GINNY VASILOPOULOS
2835 FAWN LAKE BLVD
MIMS, FL 32754

SUBJECT: AMERICARE, INC.
Ref. Number: W09000000954

We have received your document for AMERICARE, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 909A00000738

APPROVED
AND
FILED

09 JAN 30 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Americare of Brevard, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2835 Fawn Lake Blvd.
Mims, FL 32754

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Homemaker/Companion Services

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ginny Vasilopoulos - President

ARTICLE VI REGISTERED AGENT

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

Ginny Vasilopoulos
2835 Fawn Lake Blvd.
Mims, FL 32754

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ginny Vasilopoulos
2835 Fawn Lake Blvd.
Mims, FL 32754

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

Ginny Vasilopoulos

Signature/Registered Agent

Ginny Vasilopoulos

Signature/Incorporator

1/21/09

Date

1/21/09

Date