

P09000028993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

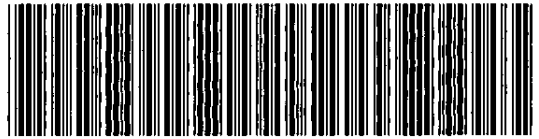
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

[Signature] 3/31



800147519058

03/30/09--01014--012 **87.50

09 MAR 30 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: WILLIAMS HOME HEALTH CARE 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: RACHELLE WILLIAMS
Name (Printed or typed)

17600 NW 5TH AVENUE, APT 702
Address

MIAMI GARDENS, FL 33169
City, State & Zip

(786) 370-2952
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:

Williams Home Health Care, Inc.

ARTICLE II PRINCIPAL OFFICE

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

17600 NW 5th Avenue, # 702
Miami Gardens, FL 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide home health care

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Rachelle Williams
17600 NW 5th Avenue, # 702
Miami Gardens, FL 33169

ARTICLE VI REGISTERED AGENT

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

Rachelle Williams
17600 NW 5th Avenue, # 702
Miami Gardens, FL 33169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rachelle Williams
17600 NW 5th Avenue, # 702
Miami Gardens, FL 33169

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

R. Williams

Signature/Registered Agent

R. Williams

Signature/Incorporator

03/22/2009

Date

03/22/2009

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 30 AM 8:20

APPROVED
AND
FILED