

PO9000055425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

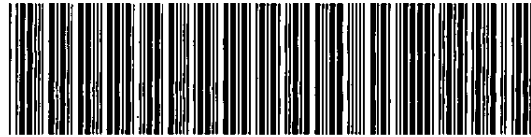
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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[Handwritten signature]
6/26

COVER LETTER

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

SUBJECT: Angel Hands Home 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
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: Rose M White
Name (Printed or typed)

5105 N.W. 55 Street
Address

Tamarac FL 33319
City, State & Zip

954-696-9155
Daytime Telephone number

rose33313@hotmail.com
E-mail address: (to be used for future annual report notification)

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: Angel Hands Home Care INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
5105 N.W. 55 Street tamarac FL. 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide T.L.C. to the Disable,Sick and Elderly

ARTICLE IV SHARES

The number of shares of stock is:
One (1)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Rose M white
5105 N.W. 55 Street Tamarac FL 33319

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Rose White
5105 N.55 Street
Tamarac FL.33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Rose White
5105 N.W. 55 Street Tamarac FL.33319

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. White

Signature/Registered Agent

R White

Signature/Incorporator

June/18/2009

Date

June /18/2009

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA