

PD9000064016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

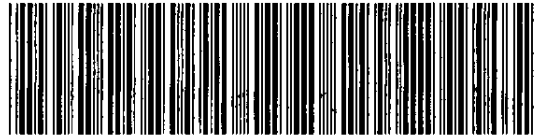
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JUL 27 A 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 29 2009
D.A. WHITE

COVER LETTER

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

SUBJECT: Grace Loving Care, Home Health 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: Grace Sainvil
Name (Printed or typed)

5918 Riverside Ave.
Address

Tamarac Fla. 33321

954-496-5821
Daytime Telephone number

graceSainvil@yahoo.com ✓
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2009

GRACE SAINVIL
5918 RIVERSIDE AVE
TAMARAC, FL 33321

SUBJECT: GRACE LOVING CARE, HOME HEALTH INC.
Ref. Number: W09000032473

We have received your document for GRACE LOVING CARE, HOME HEALTH 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6933.

Dale White
Regulatory Specialist II
New Filing Section

Letter Number: 809A00024282

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be:

Grace Loving Care, Home Health Inc.

2009 JUL 27 A 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

5918 Riverside AVE. Tamarac FLA. 33321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To assist a person in Activities of Daily Living in their home.

ARTICLE IV SHARES

The number of shares of stock is:

5

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Grace Sainvil

5918 Riverside AVE. Tamarac FLA. 33321

Title: President / Director

ARTICLE VI REGISTERED AGENT

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

Grace Sainvil

5918 Riverside AVE. Tamarac FLA. 33321

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Grace Sainvil

5918 Riverside AVE. Tamarac FLA. 33321

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

Grace Sainvil - Grace Sainvil

Signature/Registered Agent

7-11-09

Date

Grace Sainvil - Grace Sainvil

Signature/Incorporator

7-11-09

Date