

P09000077544

(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



300160707473

09/16/09--01041--013 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 SEP 16 PM 1:16

APPROVED  
AND  
FILED

VH

## COVER LETTER

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

**SUBJECT:** PINNACLE HOME CARE OF THE VILLAGES, INC.  
(PROPOSED CORPORATE NAME – **MUST INCLUDE SUFFIX**)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

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

FROM: \_\_\_\_\_  
Name (Printed or typed)

\_\_\_\_\_ 7317 LITTLE ROAD \_\_\_\_\_  
Address

\_\_\_\_\_ NEW PORT RICHEY, FL 34654 \_\_\_\_\_  
City, State & Zip

\_\_\_\_\_ (727) 848-5997 \_\_\_\_\_  
Daytime Telephone number

\_\_\_\_\_ peytonlaw@yahoo.com \_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

APPROVED  
AND  
FILED

ARTICLES OF INCORPORATION 09 SEP 16 PM 1:17

OF

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PINNACLE HOME CARE OF THE VILLAGES, INC.

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

#### ARTICLE I – NAME

The name of the corporation ("Corporation") shall be: PINNACLE HOME CARE OF THE VILLAGES, INC.

#### ARTICLE II – PRINCIPAL OFFICE

The principal place of business/ mailing address is: Magnolia Plaza Shopping Center, 1217 West Miller St., Unit 6, Fruitland Park, FL 34731.

#### ARTICLE III – PURPOSE

The purpose for which the corporation is organized is: any and all lawful purpose or purposes, including, without limitation, providing physical therapy and related services.

#### ARTICLE IV – SHARES

The number of shares of stock is: 1,000.

#### ARTICLE V – INITIAL OFFICERS AND/OR DIRECTORS

The names and addresses of the initial officers and/or directors are:

President/Director - Todd Williams, 7260 Loblolly Ct., Spring Hill, FL 34607

Vice President/Director - Shane Donaldson, 4556 Grand Lakeside Drive, Palm Harbor, FL 34684

Secretary-Treasurer/Director - Paul Worthington, 5330 Spring Hill Dr., Spring Hill, FL 34606

Director - Andrew Yurasko, 423 Hwy 466, Apt. 3105, Lady Lake, FL 32159

Director - Kelly Yurasko, 423 Hwy 466, Apt. 3105, Lady Lake, FL 32159

Director - Susan Williams, 7260 Loblolly Ct., Spring Hill, FL 34607

Director - Vivienne Worthington, 18701 Golden Hawk Court, Hudson, FL 34667

Director - Rachael Page, 4556 Grand Lakeside Drive, Palm Harbor, FL 34684

#### ARTICLE VI – REGISTERED AGENT

The name and Florida street address of the registered agent are: Shane Donaldson, 5330 Spring Hill Dr., Spring Hill, FL 34606.

ARTICLE VII – INCORPORATOR

The name and address of the Incorporator are: Shane Donaldson, 4556 Grand Lakeside Dr. Palm Harbor, FL 34684.

ARTICLE VIII – INDEMNIFICATION

The corporation shall indemnify its directors, officers, employees, and agents to the fullest extent permitted by law.

ARTICLE IX – CORPORATE EXISTENCE


The existence of the corporation shall begin upon filing with the Secretary of State, and shall be perpetual.

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent to accept service of process for the above-stated corporation at the place designated in ARTICLE VI of the foregoing articles of incorporation, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

  
\_\_\_\_\_  
Signature/Registered Agent: Shane Donaldson

9/11/09  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator: Shane Donaldson

9/11/09  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 SEP 16 PM 1:17

APPROVED  
AND  
FILED