# P0900083954

(Address)  (Address)  (City/State/Zip/Phone #)  . PICK-UP WAIT MAIL				
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PICK-UP   WAIT   MAII				
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(Document Number)				
Certified Copies Certificates of Status ·				
Special Instructions to Filing Officer:				





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10-12-09

# **COVER LETTER**

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

SUBJECT:	Guiding Star Home Care, Inc (PROPOSED CORPORATE NAME – MUST INCLUDE SUFF		
	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	icles 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 CO	PPY REQUIRED
FROM:	Nam	e (Printed or typed) SW 51 Place	
		Address	
	Cooper City, FL 33330 City, State & Zip		
	954	-681-8831 elephone number	
	E-mail address: (to be use	d 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: Guiding Star Home Care, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 12210 SW 51 Place Cooper City, FL 33330

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Company is organize to provide home care service to the public

### ARTICLE IV SHARES

The number of shares of stock is:

1.000

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Pamela Livermore 12210 SW 51 Place Cooper City, FL 33330

### ARTICLE VI REGISTERED AGENT

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

Pamela Livermore 12210 SW 51 Place Cooper City, FL 33330

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Pamela Livermore 12210 SW 51 Place Cooper City, FL 33330

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

Must mit P	09/23/2009
Signature/Registered Agent	Date
Lume	09/23/2009
Signature/Incorporator	Date