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(Requestor's Name) (Address) (Address)	600162201906	
(City/State/Zip/Phone #)		
Business Entity Name)		
(Document Number)	······································	
Certified Copies: <u>Access</u> Certificates of Status <u>, status</u> , etc.		
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EP 10/28/09

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## **COVER LETTER**

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

# SUBJECT: \_\_\_\_\_ FIRST QUALITY HEALTH SERVICES INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

S70.00 Filing Fee

☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy

Status

ADDITIONAL COPY REQUIRED

FROM: \_\_\_\_\_ ERROL TOMLINSON

Name (Printed or typed)

4285 CASCADE ROAD Address

ATLANTA, GEORGIA 30331 City, State & Zip

(404) 696-4126

Daytime Telephone number

eatomlinson@bellsouth.net

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**

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OF

## FIRST QUALITY HOME HEALTH SERVICES INC

A

## FLORIDA FOR PROFIT CORPORATION

IN

## **COMPLIANCE WITH CHAPTER 607 FLORIDA STATUTES**



#### ARTICLE I NAME

The name of the corporation shall be:

FIRST QUALITY HOME HEALTH SERVICES INC

#### ARTICLE II PRINCIPLE OFFICE

The principal street address of the corporation is:

1300 NW. 17<sup>th</sup> Avenue, Suite 278 Delray Beach, Florida 33445

The mailing address of the corporation is:

P O Box 7300 Delray Beach, Florida 33482-7300

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is for transaction of any and all lawful business for which corporations may be organized under Title XXXVI, Chapter 607 of the Florida Statutes.

## ARTICLE IV SHARES

The number of shares of stock is 1000 shares of common stock with a par value of \$1.00 per share.

## ARTICLE V INITIAL OFFICERS AND DIRECTORS

Name of Officer	<u>Title</u>	Address
Errol Tomlinson	Chief Executive Officer & Chief Financial Officer	4285 Cascade Road Atlanta, Georgia 30331
Name of Director	Title	Address
Errol Tomlinson	President	4285 Cascade Road Atlanta, Georgia 30331
Errol Tomlinson	Secretary	4285 Cascade Road Atlanta, Georgia 30331
Errol Tomlinson	Treasurer	4285 Cascade Road Atlanta, Georgia 30331

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

<u>Name</u>

₹L.

## Address

Errol Tomlinson

1300 NW. 17<sup>th</sup> Ave Suite 278 Delray Beach, Florida 33445

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

<u>Name</u>

Address

Errol Tomlinson

<u>Name</u>

Address

Errol Tomlinson

1300 NW. 17<sup>th</sup> Avenue Suite 278 Delray Beach, Florida 33445

1300 NW. 17th Avenue Suite 278 Delray Beach, Florida 33445

Having been named a registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar and accept the appointment as registered agent and agree to act in this capacity.

Signature of Registered Agent

Signature of Incorporator

10/81/0 Date

