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COVER LETTER

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

SUBJECT:		Home Care Service	•
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	d a check for:
☑ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED
		<u> </u>	<u>.</u>
FROM:	Viergelaine Devariste Name (Printed or typed)		
	2872 Gordon St.		
	Address		
	Naples, FL 34112 City, State & Zip		
	(239)298-1848		
	Daytime Telephone number		
	jfmesq@earthlink.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

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

ARTICLE I NAME

The name of the corporation shall be:

Signature Senior Home Care Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 4975 Tamiami Tr. E., Naples, FL 34113

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To operate a senior home care business, and/or any other business activity permitted by law.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Viergelaine Devariste, 2872 Gordon St., Naples, FL 34112 - President, Treasurer, Secretary Virginia Mulligan, 8857 Lely Island Cir, Naples, FL 34113 - Director

ARTICLE VI REGISTERED AGENT

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

Viergelaine Devariste, 2872 Gordon St., Naples, FL 34112

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Viergelaine Devariste, 2872 Gordon St., Naples, FL 34112

9 NOV 17 PM

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

Unglaine Devante

Signature/Registered Agent gelaine Devante

Ungelaine Devante

Ungelaine Signature/Incorporator

Date