

P100000023062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

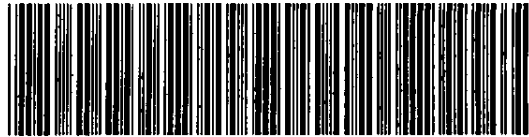
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Per Francilla on 3/16. OK to  
correct article IV.

Office Use Only



300171975563

03/15/10--01029--002 \*\*78.75

Effective Date

03-08-10

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 MAR 15 PM 1:29

## COVER LETTER

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

**SUBJECT:** PERSONAL CARING HANDS, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Francilla Stanley

Name (Printed or typed)

2030 NW 84 Street

Address

Miami, Florida 33147

City, State & Zip

(786) 586-7510

Daytime Telephone number

francilla\_stanley@yahoo.com

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:

Personal Caring Hands, Inc.

Effective Date

03-08-10

## **ARTICLE II PRINCIPAL OFFICE**

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

2030 NW 84 Street

Miami, FI 33147

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide private medical care

## **ARTICLE IV SHARES**

The number of shares of stock is:

1

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

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

Francilla Stanley	Josephine Livingston	Barbara Smith	Maylin PuPu	Milton Smith
2030 NW 84 St	2960 NW 163 St	3600 State Rd 7 #210	330 E 9 St	8765 NW 98 St
Miami, FI 33147	Miami Gardens, FI 33054	Miramar, FI 33023	Hialeah, FI	Miami, FI 33142

## **ARTICLE VI REGISTERED AGENT**

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

Francilla Stanley

2030 NW 84 Street

Miami, FI 33147

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Francilla Stanley 2030 NW 84 Street Miami FI 33147

## ARTICLE VIII Effective Date

The effective date of this corporation shall be March 8, 2010

\*\*\*\*\*

*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*

Francilla Stanley  
Signature/Registered Agent

Francilla Stanley  
Signature/Incorporator

3-12-10  
Date

3-12-10  
Date

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 MAR 15 PM 1:30