

P10000056394

(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

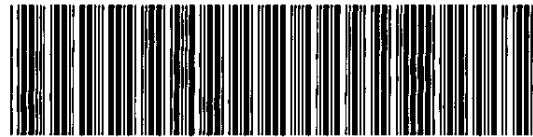
Cristina Kostoff GAVE

AUTHORIZATION BY PHONE TO
CORRECT principal address

DATE 7/9/10

DOC. EXAM. PS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL -6 PM 2:45

APPROVED
AND
FILED

Ps 7/9/10

COVER LETTER

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

SUBJECT: Paradise Home Care 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:

☐ \$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: G. Cristina Roskoff

Name (Printed or typed)

2574 Providence Blvd

Address

Deltona, FL, 32725

City, State & Zip

386-479-4955

Daytime Telephone number

groskoff_cna@hotmail.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:

Paradise Home Care Services Inc

ARTICLE II PRINCIPAL OFFICE

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

2574 Providence Blvd
Deltona, FL, 32725

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Home Health Care

ARTICLE IV SHARES

The number of shares of stock is:
100 NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Cindy Fuentes	President
G. Cristina Roskoff	Administrator

ARTICLE VI REGISTERED AGENT

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

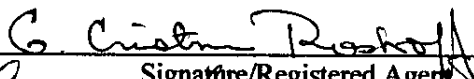
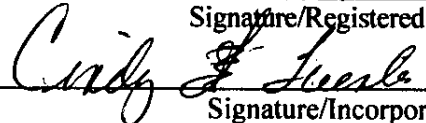
G. Cristina Roskoff
2574 Providence Blvd
Deltona, FL, 32725

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cindy Fuentes
2574 Providence Blvd
Deltona, FL, 32725

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

	_____ Signature/Registered Agent
	_____ Signature/Incorporator

<i>7/1/10</i>	_____ Date
<i>7/1/10</i>	_____ Date

10 JUL -6 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED