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(Requestor's Name)

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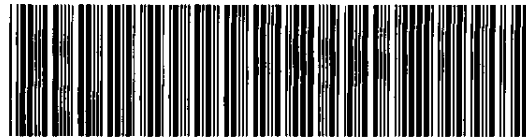
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Smith AUG 11 2010

COVER LETTER

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

SUBJECT: DARLING DOVES HOME CARE OF JACKSONVILLE, 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
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 COPY REQUIRED

FROM:

VONNE T HOROWITZ
Name (Printed or typed)

1285 LUNNINHAM CREEK DRIVE
Address

JACKSONVILLE, FLORIDA, 32259
City, State & Zip

904-219-2195
Daytime Telephone number

VONNEMOVER@COMCAST.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:

DARLING DOVES HOME CARE OF JACKSONVILLE, INC.

ARTICLE II PRINCIPAL OFFICE

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

1285 CUNNINGHAM CREEK DRIVE, JACKSONVILLE, FL 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE NON MEDICAL HOME CARE

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):

YVONNE T HOROWITZ PRES.
1285 CUNNINGHAM CREEK DRIVE
JACKSONVILLE, FL 32259

ARTICLE VI REGISTERED AGENT

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

YVONNE T HOROWITZ
1285 CUNNINGHAM CREEK DRIVE
JACKSONVILLE, FL 32259

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

YVONNE T HOROWITZ
1285 CUNNINGHAM CREEK DRIVE
JACKSONVILLE, FL 32259

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

Yvonne T Horowitz

Signature/Registered Agent

Yvonne T Horowitz

Signature/Incorporator

8/4/2010

Date

8/4/2010

Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA