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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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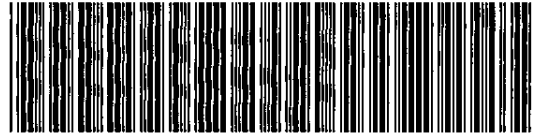
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRD
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COVER LETTER

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

SUBJECT: Ms Kamini Latchman *Kashley Care 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: Ms. Kamini Latchman

Name (Printed or typed)

3336 Pell Mell Drive

Address

Orlando Florida 32818

City, State & Zip

407 760 1519

Daytime Telephone number

latchman.kamini@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

Kashley Care Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
3336 Pell Mell Drive
Orlando
Florida 32818

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
health Care Facility

ARTICLE IV SHARES

The number of shares of stock is: **1**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Kamini Latchman D**
Address: **3336 Pell Mell Drive**
Orlando
Florida 32818

Name and Title: **Amelia Singh VP**
Address: **3336 Pell Mell Drive**
Orlando
Florida 32818

Name and Title: **Kamini Latchman P**
Address: **3336 Pell Mell Drive**
Orlando
Florida 32818

Name and Title: **Amelia Singh S**
Address: **3336 Pell Mell Drive**
Orlando
Florida 32818

Name and Title: **Kamini Latchman T**
Address: **3336 Pell Mell Drive**
Orlando
Florida 32818

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **Kamini Latchman**
Address: **3336 Pell Mell Drive**
Orlando Florida 32818

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: **Kamini Latchman**
Address: **3336 Pell Mell Drive**
Orlando Florida 32818

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

Kamini Latchman
Required Signature/Registered Agent

10/29/2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Kamini Latchman
Required Signature/Incorporator

10/29/2010

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA