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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps 2/22/11

COVER LETTER

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

SUBJECT: Deck The Halls Management 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Deck The Halls Management Inc
Name (Printed or typed)

208 SW 20th Street
Address

Cape Coral, FL 33991
City, State & Zip

239-772-2298
Daytime Telephone number

Dihollenbeck@embargmail.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: **Deck The Halls Management Inc**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
208 SW 20th Street
Cape Coral, FL 33991

Mailing address, if different **11 FEB 11:8 AM 8:31**

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is **One Hundred Shares**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vice President	Name and Title: _____
Address: Cristina M Decker	Address: _____
208 SW 20th Street	_____
Cape Coral, FL 33991	_____

Name and Title: President	Name and Title: _____
Address: Virginia Bugay	Address: _____
208 SW 20th Street	_____
Cape Coral, FL 33991	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: **Cristina M Decker**
Address: **208 SW 20th Street**
Cape Coral, FL 33991

ARTICLE VII INCORPORATOR

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

Name: **Michael Fronce**
Address: **1727 SE 12th Terrace**
Cape Coral, FL 33990

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

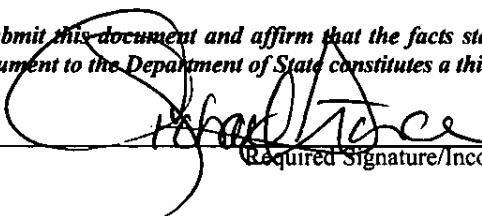


Required Signature/Registered Agent

2-15-11

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.



Required Signature/Incorporator

2-15-11

Date