

P11000038045

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W11000019465



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04/01/11--01017--003 \*\*87.50

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 APR 19 PM 2:55

4/20/11

## COVER LETTER

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

SUBJECT: Home Health Care Solutions of FL 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: Marie Judith Perry

Name (Printed or typed)

553 Peace Dr

Address

Kissimmee, FL 34759

City, State & Zip

754-245-7768

Daytime Telephone number

judithp77@yahoo.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 APR 19 PM 2:55



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 APR 19 AM 11:43

DIVISION OF CORPORATIONS

April 6, 2011

MARIE JUDITH PERRY  
553 PEACE DRIVE  
KISSIMMEE, FL 34759

SUBJECT: HOME HEALTH CARE SOLUTIONS OF FL. INC.  
Ref. Number: W11000019465

We have received your document for HOME HEALTH CARE SOLUTIONS OF FL. INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 711A00008381

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be:

Home Health Care Solutions of FL. Inc.

2011 APR 19 PM 2:55

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

553 Peace Dr

Kissimmee, FL 34759

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To Provide Homehealth services and staffing services to patients in their home.

**ARTICLE IV SHARES**

The number of shares of stock is 1

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

Name and Title: Marie Judith Perry

Address: 553 Peace Dr

Kissimmee, FL 34759

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Marie Judith Perry

Address: 553 Peace Dr

Kissimmee, FL 34759

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Marie Judith Perry

Address: 553 Peace Dr

Kissimmee, FL 34759

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

03/25/2011

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

03/25/2011

Date